

**MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Behavioral Health Division



**2006 PROVIDER APPLICATION**  
**Recovery Support Services**  
**Alcohol and Other Drug Abuse Services Provider Network**

Issued November 2005

**Date: November 16, 2005**

**To: Interested Parties**

**From: Paul Radomski, Director, Community Services Branch, Milwaukee County Behavioral Health Division**

**Subject: Invitation to Submit Applications to Participate in AODA Services Provider Network**

In March of 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR), a \$100 million discretionary grant program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. On June 3, 2004, the State of Wisconsin received an ATR grant from SAMHSA, in the amount of \$22.8 million over three years to implement the Wisconsin Supports Everyone's Recovery Choice (WIsler Choice) program in Milwaukee County.

WIsler Choice will serve people from 1) the general population, with a special emphasis on 2) families with children, and 3) a criminal justice population: a) inmates that are reentering the Milwaukee community from prison and b) offenders on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation. WIsler Choice will improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee Central Intake System to improve initial engagement, access, assessment and treatment retention.
- The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of an expanded provider network (including a focused outreach to the faith-based community.)
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent client choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven results-oriented management system to monitor and improve outcomes.

BHD is inviting providers (including faith-based providers) who wish to provide Recovery Support Services to the target population to submit applications to join the AODA Services Provider Network. BHD is seeking to develop a continuum of services that support the recovery of persons with substance use and/or co-occurring mental health disorders. Services to be provided by the network include AODA clinical treatment as well as non-clinical services supporting recovery such as transportation, child care, pre-employment education/training, parenting assistance, life skills training and housing. The application also invites respondents to propose additional services that support recovery.

Program description and application materials will be available beginning Wednesday, November 16<sup>th</sup>. Applicants are encouraged to access the application via the Milwaukee County website at <http://www.county.milwaukee.gov>, go to "SITE SEARCH" at the top of the page, type in "SAIL", select "SAIL-AODA", and click on 2006 WIsler Choice RFA icon. For those who are unable to access the website, the application will be available for pick-up between 8:30 AM, and 4:30 PM at the Milwaukee County Behavioral Health Division in, 9201 Watertown Plank Road, Suite 315 from Nila Hoffman.

Two Public Information Sessions will be held on Monday, November 28<sup>th</sup> in the Helen Carey Auditorium at the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee, WI: **1) 3:00-5:00 p.m.**; **and 2) 6:00-8:00 p.m.** For additional information regarding the RFA process, please contact Rochelle Landingham at (414) 257-7337.

Please prepare your original application and three (3) copies. Mail or deliver to:

**Rochelle Landingham**  
**Contract Services Coordinator**  
**WIsler Choice Program / SAIL**  
**9201 W. Watertown Plank Rd.**  
**Wauwatosa, WI 53226**

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## CALENDAR OF EVENTS

- November 16, 2005.....Application Available
- November 28, 2005.....Public Information Session
- January 1, 2006.....Effective Date of Service Agreement

### **ALL DATES ARE TENTATIVE AND SUBJECT TO CHANGE**

Service categories may be added or closed for application based on changes in the number of participants needing or provider offering services. Please view the website version of this application for updates.

***PART I:***

***PROGRAM  
DESCRIPTION AND  
REQUIREMENTS***

## A. INTRODUCTION

### PURPOSE OF THIS APPLICATION

The Milwaukee County Behavioral Health Division (BHD) is inviting providers (including faith-based providers) who wish to provide **Recovery Support Services (RSS) for Alcohol & Other Drug Abuse (AODA)** to the target population to submit applications to join the AODA Services Provider Network. **This includes both clinical treatment and ancillary support services.** BHD is seeking to develop a continuum of services that support the recovery of persons with substance use and/or co-occurring mental health disorders. Services to be provided by the network include AODA clinical treatment as well as non-clinical services supporting recovery such as transportation, child care, pre-employment education/training, parenting assistance, life skills training and housing. The application also invites respondents to propose additional services that support recovery. BHD will enter into fee-for-service (voucher) agreements with selected applicants to provide these services. The duration of the initial agreement will be from date of signing through 12/31/2006; up to two 1-year extensions may be granted after that time.

### VISION STATEMENT AND VALUES MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

#### Vision Statement

**The Milwaukee County Behavioral Health Division will be a premier system of mental health and alcohol and other drug abuse disorders in the State of Wisconsin. It will ensure that individuals and families who have behavioral health needs strive to function at optimal levels of physical and mental health and that they are full and equal members of the community. As such, the Division shall provide individuals who have behavioral health needs the support and means to pursue success in the ways they choose to live, learn, love, work and play because:**

Our vision is for a behavioral health system that recognizes the partnership with clients, providers and the community and the accountability to its stakeholders for the effective development and efficient use of resources.

Our vision is for a recovery oriented behavioral health system that focuses on the rebuilding of full productive lives for children, adults and their families, and supports a full spectrum of services including primary prevention and early intervention.

Our vision is for a behavioral health system that attracts, retains, and supports employees/other service providers who are competent and provide excellent quality, culturally and linguistically relevant behavioral health treatment and support services.

Our vision is for a behavioral health system that acknowledges the abundance and limitations of our human and financial resources and commits to responsible stewardship of its resources.

Our vision is for clients and families to be equal stakeholders in service system governance, planning and delivery.

Our vision is for a behavioral health system where every client has access to strengths-based, individualized and integrated services that promote health and recovery.

Our vision is for a behavioral health system where cultural, ethnic and providers and clients value socioeconomic diversity.

Our vision is for a behavioral health system where strategies to eradicate stigma, including education of clients, family members, providers and the Milwaukee County community, are implemented and effective.

Our vision is for behavioral health services and supports to be community based and not institution based; when residential treatment or hospitalization is accessed, those services will be used as resources and not as placements.

Our vision is for a behavioral health system that can measure its success in the care of children and adults by establishing and producing clear, quantifiable outcomes.

# **MISSION STATEMENT**

“The Milwaukee County Behavioral Health Division: For the empowerment and recovery of all with mental health and substance abuse treatment needs in our community.”

## ALCOHOL & OTHER DRUG ABUSE SERVICES: CORE VALUES

In 1999, as a response to the large number of families who were involved in the welfare reform, child welfare, and AODA/Mental Health Treatment systems, the Wisconsin Department of Health and Family Services (DHFS) and the Wisconsin Department of Workforce Development (DWD), in collaboration with the Milwaukee County Department of Health and Human Services (DHHS), launched the Milwaukee Family Services Coordination Initiative (MFSCI). The impetus for the year-long (October 1, 1999 – September 30, 2000) Initiative was the realization that the multiple needs of these families were not being adequately addressed, at least in part due to the lack of coordination among the systems with which they were involved (The Management Group, 2000). The intent of MFSCI was to fundamentally transform the manner in which services have traditionally been delivered by reducing barriers for families involved in multiple systems. The premise of the Initiative was that outcomes for families could be improved through cross-system coordination, provision of wraparound philosophy of care and services, development of networks of formal and informal supports, utilizing a family centered strength-based, gender/culturally-responsive approach.

The Steering Committee for the project included clients, representative from the Governor's Office, key administrators from DHFS, DWD, the Department of Corrections, and the Medicaid HMOs; the Director of Milwaukee County DHS; and the Milwaukee County Board Chair. The Initiative outlined a set of **core values**, developed through a series of focus groups that included participation by clients, and system representatives at various levels of authority to use as guidelines for service delivery for families and to promote improved outcomes. BHD has adopted these core values.

- A. Family-Centered: A family-centered approach means that families are a family of choice defined by the clients themselves. A family may include extended family members, significant others, or persons who function as natural supports in the context of that family. A family may include a non-custodial parent. Families are treated with dignity and respect, regarded as a resource in the treatment process, assisted to build on identified strengths to enhance control and independence, and valued as participants in all aspects of planning and evaluating the service delivery process. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well being of the family as a whole.
- B. Client Involvement: The client's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Clients and their families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.
- C. Builds on Natural and Community Supports: Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the client's family, relatives, neighbors, friends, faith community, co-workers or anyone the client would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
- D. Strength-Based: Strength-based planning builds on the clients and their families unique qualities and identified strengths that can then be used to support strategies to meet their needs. Strengths should also be found in clients' environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as clients and families' initial needs are met and new needs emerge with strategies discussed and implemented.
- E. Unconditional Care: Means that we care for clients and their families, not that we will care "if." It means that it is the responsibility of the Recovery Team to adapt to the needs of the client - not of the client to



adapt to the needs of a program. We will coordinate services and supports for the client and family that we would hope would be done for us. If difficulties arise, the individualized services and supports change to meet the needs of clients and their families.

- F. Collaboration Across Systems: An interactive process in which people with diverse expertise, along with clients and their families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the client have an understanding of each other's programs and a commitment and willingness to work together to assist the clients and their families to obtain their goals. The substance abuse, mental health, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.
- G. Team Approach Across Agencies: A Recovery Team consists of a group of people, in addition to the client, who represent a blend of formal and informal resources (professionals and other) who make up the client/family support network. The team functions with the client and family in an interactive process to develop a plan, based on client/family strengths, values and preferences that will lead to favorable outcomes. Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creativity, and flexible resources of the team members.
- H. Ensuring Safety: When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.
- I. Gender/Age/Culturally Responsive Treatment: Services reflect an understanding of the issues specific to each client's cultural background, gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity. These understandings are then incorporated into the programming. Programs for women must include specific components that address their issues and reflect current research indicating effective treatment components for women, i.e., to include, but not limited to: victimization histories, domestic violence/relationship dynamics, parenting, self-esteem, and educational needs.
- J. Self-sufficiency: Individuals and families will be supported in achieving self-sufficiency in essential life domains, to include family, social, educational, vocational, financial, housing, financial, psychological, emotional and spiritual domains.
- K. Education and Work Focus: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community. BHD clients who also participate in W-2 should have their AODA treatment indicated on their Employability Plan (EP).
- L. Belief in Growth, Learning and Recovery: Client and family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every client and their family desire change and can take steps toward attaining a productive and self-sufficient life.
- M. Outcome-oriented: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in

defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

### ***AODA Program Goals***

- (1) To achieve improved outcomes by meeting the special needs of eligible individuals and families who experience problems resulting from alcohol or other drug abuse by providing intervention, treatment, and support services that are gender and culturally responsive.
- (2) To target eligible individuals and families who may be involved in several systems in order to develop better ways to coordinate services from multiple service systems.
- (3) To ensure the provision of recovery support services including, but not limited to, parent education, vocational and housing assistance, coordination with other community programs, and treatment under intensive care.
- (4) To develop a system that reinforces the empowerment of individuals and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.
- (5) To identify best practices and provide knowledge dissemination activities and cross training and education to professionals who work with individuals and families and are from different systems in order to achieve positive individual/family outcomes.

It is important that, whenever appropriate, each application demonstrate integration of the above principles and practices into all programs and services provided through these service agreements.

## **B. BACKGROUND**

### **Merger of Adult Mental Health and AODA Administrative Systems**

In December 2001 the Milwaukee County Board of Supervisors passed a resolution that resulted in the administrative merger of public sector Adult Mental Health (MH) and Adult Alcohol and Other Drug (AODA) services. Prior to adoption of this resolution, public sector Adult Mental Health services were the responsibility of the Milwaukee County Mental Health Division, whereas administrative and program management responsibility for public sector substance abuse services belonged to the Adult Services Division of the Department of Human Services.

With the passage of the enabling County Board resolution, the Adult Mental Health Division became the responsible party for both Adult Mental Health and Adult AODA services. Simultaneously, the Mental Health Division, again through a County Board resolution, had its name changed to the Behavioral Health Division to better reflect the merger and its expanded behavioral health responsibilities. These organizational changes became administratively effective on January 1, 2002 and in February (2002) the Adult AODA Services Bureau staff moved to the Mental Health Complex to become part of the Behavioral Health Division Community Services Branch.

### **Redesign of AODA System**

Historically, the administrative, program and service delivery systems for Adult AODA and Adult Mental Health services have been separate, even as it is recognized, both locally and nationally, that many persons in need of treatment from either service system had a co-occurring illness. It is hoped that through the realignment of both Adult AODA and Adult MH services within one County administrative authority, the Behavioral Health Division, that the separateness that each system maintained can be bridged where appropriate. In 2003, the Behavioral Health Division undertook a significant project of redesigning the

public Adult AODA system. In May (2003) the AODA Re-Design Community Coalition was convened as a result of a thorough assessment of the current public Adult AODA system available to clients in Milwaukee County. This group, composed of individuals representing the Adult AODA services provider network, Behavioral Health Division staff and consultants met through the fall of 2004 to analyze the existing system to identify strengths and weaknesses and recommend improvements in each of four main areas: System Access, Service Array, Evaluation/Performance Review and Management Information System. In recent months, Behavioral Health Division data reports point to 50% of the clients who are enrolled in the Adult Mental Health programs are also registered with the Adult AODA system. While more in-depth data analysis is needed, this fact alone calls for the enhancement of the existing system, as well as the development of new approaches, especially as it pertains to the treatment of individuals with multiple diagnoses.

### **Access to Recovery**

In March of 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR), a \$100 million discretionary grant program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. ATR is characterized by:

- **Client Choice.** The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, or spiritual. With a voucher, people in need of addiction treatment and recovery support will be able to choose the programs and providers that will help them most.
- **Outcome Oriented.** Success will be measured by outcomes, principally abstinence from drugs and alcohol, and including attainment of employment or enrollment in school, no involvement with the criminal justice system, stable housing, social support, access to care, and retention in services.
- **Increased Capacity.** ATR will expand the array of services available including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, and other recovery support services. This expansion of services will occur gradually as the AODA Redesign implementation progresses.

### **Wiser Choice**

On June 3, 2004, the State of Wisconsin submitted its ATR application to SAMHSA, and on August 3, 2004, the State received a notice of grant award from SAMHSA to fund its application for **the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice)** program.

Wiser Choice intends to improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee County Behavioral Health Division (BHD) Central Intake System to improve initial engagement, access and treatment retention.
- The provision of ancillary recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of a broader provider network (including a focused outreach to the faith-based community).
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven, results-oriented management system to monitor and improve outcomes.
- Rewarding results by implementing an innovative system of provider incentives.

- The enhancement of its existing Management Information System so that the bulk of performance and financial indicators and measures will be reported on and maintained electronically. This will enhance accountability of both the provider and the system.

The State of Wisconsin selected Milwaukee County Behavioral Health Division (BHD) to serve as the contracted project management agency for Wiser Choice. BHD will develop and maintain all provider agreements with recovery support services providers. BHD is integrating the Access to Recovery resources and requirements within its entire redesigned AODA services delivery system. As such, successful applicants will be delivering services to clients from the overall BHD treatment population.

The recommendations set forth by the Redesign Project and the requirements of the Access to Recovery grant have impacted the delivery system design as well as the requirements put forth in these guidelines. As the concept and design for the new system mature, corresponding policies, procedures, expectations, goals and objectives will follow along. The guidelines you are about to review are the most up-to-date view of the system and are subject to changes as the Redesign Implementation advances.

### **C. PROGRAM DESCRIPTION: Recovery Support Services**

#### **Client Eligibility**

Recovery Support Services can be provided to individuals who:

- Reside in Milwaukee County;
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet diagnostic criteria (as specified by BHD) for a substance use disorder;
- Are part of the target population; and
- Are screened and authorized for services by a BHD Central Intake Unit.
- Clients must be in clinical treatment in order to receive ancillary services.

#### **Target Population**

Wiser Choice is targeting two populations:

- 1) The General Population of Milwaukee County.
- 2) Criminal Justice Population:
  - a) incarcerated individuals that are reentering the Milwaukee community from prison and
  - b) persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation.

Families with children from both the general and criminal justice populations will be prioritized.

#### **Definition of Recovery Support Services**

BHD is seeking to develop a continuum of services that support the recovery of persons with substance use and/or co-occurring mental health disorders. Services to be provided by the network include AODA clinical treatment as well as non-clinical services supporting recovery such as transportation, child care, pre-employment education/training, parenting assistance, life skills training and housing. See Exhibit A for a listing of services that BHD intends to purchase. The application also invites respondents to propose additional services that support recovery. The Behavioral Health Division reserves the right to limit the number of providers for any single service.

AODA clinical treatment includes services to be provided within a specific level of care, as defined by HFS 75 and the American Society of Addiction Medicine. See Exhibit C for a definition of each level of care.

AODA Individual, Group and Family Counseling services will be purchased as a package. A certain number of units will be pre-authorized and agencies will be responsible for provision of a mix of these services at a level that is in agreement with the client's needs, as documented in the treatment plan.

### **Client Choice of Providers**

Clients access Recovery Support Services by going to a BHD-contracted Central Intake Unit, completing an intake process, which includes funding eligibility and treatment appropriateness determination, and a comprehensive screening to identify clinical and other recovery-related needs. All individuals who are referred for clinical treatment will receive a Recovery Support Coordinator (RSC). Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured "genuine, free and independent choice" of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as "a client being able to choose from among two or more network providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection."

As such, the Central Intake Unit (CIU) will provide to each client at intake a list of Clinical Treatment and Recovery Support Coordination providers from which to choose. The CIU will also assist the client to choose a provider for any ancillary recovery support service needed on an emergency or urgent basis. Any further services needed by the client subsequent to the intake process will be accessed with the help of the Recovery Support Coordinator.

To enhance informed choice, the CIU and Recovery Support Coordinator will make available to the client, for each provider, a Provider Profile that will offer information about the provider's services. (At some point in the future development of the AODA Services System, the Provider Profile will incorporate a Provider Score Card containing information about the provider's performance.)

## **D. REQUIREMENTS OF AODA SERVICES NETWORK PROVIDERS**

- 1. INSURANCE** - As a condition of approval, prospective agencies must provide proof of insurance in the types and limits set forth as follows (Before submitting an application, agencies are asked to consider their financial ability to comply with the insurance requirements):

### **CERTIFICATE OF LIABILITY INSURANCE:**

Article XI of the Fee-for-Service Agreement (which must be entered into by the Vendor and Milwaukee County before services can be provided) requires the vendor to evidence and maintain proof of financial responsibility to cover costs that may arise from claims of tort, statues, and benefits under Workers' Compensation Laws and/or liability arising from employees. Such evidence shall include insurance coverage for:

- Workers' Compensation claims including Employer's Liability (exclusions from coverage: sole provider and independent contractors)
- General Liability
- Commercial Automobile Liability
- Professional Liability as applicable (see chart below)

*Note: Start-up companies may provide an Insurance Binder in lieu of a Certificate of Insurance as evidence of financial ability to comply with the below insurance requirements. If approved, the agency must furnish a Certificate of Insurance before approval in the Provider Network.*

<b>Type of Coverage</b>	<b>Minimum Limits</b>
Wisconsin Workers' Compensation	Statutory
Employers' Liability	\$100,000/\$500,000/\$100,000
<b>Commercial General Liability</b> Bodily Injury & Property Damage (Includes Personal Injury, Fire, Legal Agreement & Products/ Completed Operations)	\$1,000,000 per occurrence \$1,000,000 – general aggregate
<b>Professional Liability for Medicaid Eligible Services</b> Hospital, Licensed Physician Healthcare provider under Wis. Stats. 655	\$1,000,000 per occurrence \$3,000,000 annual aggregate
<b>Automobile Liability (if transporting children)</b> Bodily Injury & Property Damage All Autos-Owned, Non-Owned And/or Hired Uninsured Motorists	\$1,000,000 per accident  Per Wisconsin requirements

**Note: Milwaukee County must be named as an additional insured under General Liability, Professional Liability and Automobile Insurance.**

2. **STATE LICENSES/CERTIFICATIONS** – See Exhibit B for information about licensure and certification requirements for each service. Include a copy of the State program certification for each certified program that your agency operates. State certification for each individual provider must be maintained on site and available for audit purposes. Residential programs require a Community Based Residential Facility (CBRF) license for each site.
3. **DRIVER'S LICENSES** - Providers of services requiring a Wisconsin Driver's License must call 608-266-2353 to acquire a Department of Motor Vehicle driving abstract. Adherence to this requirement will verify that all employees of the agency providing services through this application have a valid driver's license. (This number can be called from 6:00 a.m. to 12 Midnight, seven days per week, including holidays. Abstracts ordered before 4:30 p.m. are produced that night and mailed the next workday. Abstracts ordered on weekends, holidays or after 4:30 p.m. weeknights are produced the evening of the next workday.) Agencies are to maintain current automobile insurance verification of all drivers on file in their agency.
4. **CRIMINAL BACKGROUND CHECKS** - All agency staff that will provide direct services to clients served by AODA Services must be cleared through a State Criminal Background Check. If a staff was convicted of any crime, a copy of the criminal background check showing the conviction and the disposition must be included with the application. If the individual has been in Wisconsin for less than three years, a federal background check is required. This is a requirement for all agencies contracting with Milwaukee County. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code State of Wisconsin Caregiver Program (online at <http://www.legis.state.wi.us/rsb/code/index.html>). Provider further certifies that it will comply with the provisions of the Milwaukee County Resolution entitled "Provisions of Resolution Requiring Background Checks on Department of Human Services Contract Agency Employees Providing Direct Care and Services to Children and Youth." Provider applicants must sign and

return the Certification Statement found on page 26 of this application as verification that they are in compliance with the Resolution. In addition, prospective providers must be in compliance with the Wisconsin Caregiver Program.

5. **REFERRALS** – Because clients choose their own providers from the network, Milwaukee County will not guarantee a specific volume of referrals for any provider in the AODA Services Provider Network. Marketing of services is the sole responsibility of the Provider.
6. **RATES FOR SERVICES** – For most network services, a unit rate has been established for the service. All programs served in the AODA Services Provider Network pay vendors based on the vendor's actual invoice. Rates for services submitted and approved will be in effect this calendar year and/or until amended and approved by BHD.

Clinical treatment providers of day treatment, intensive outpatient and outpatient services are allowed to bill up to 1 hour of additional units of service to cover completion of the clinical assessment (in accordance with HFS 75) during the first appointment with the client. In addition, these same providers are allowed to bill up to 1 hour of additional units of service to cover the time spent attending Recovery Support Team meetings (See Item 12, below).

7. **PRIOR AUTHORIZATION** – After a client has made an informed choice of service provider, the Central Intake Unit staff or Recovery Support Coordinator (RSC) will submit an authorization request to BHD for approval. This is called an initial request. If the request is supported by the information in the comprehensive screen completed by the CIU or the Single Coordinated Care Plan completed by the RSC and if resources are available, BHD will approve the request, thus creating a prior authorization. Authorizations will be for a particular service or group of services and a specific number of units and time period. As units are used up, providers are required to work with a client's Recovery Support Coordinator and in compliance with the rules of HFS 75 to determine when to submit a request for additional units or time or a change in level of care. BHD will approve or deny these re-authorization requests using the same criteria as for initial requests.
8. **BILLING** – Beginning in June 2005 providers will be required to report detailed service information to BHD at least once a week. The providers will receive Service Capture Worksheets from BHD each week. These worksheets contain a list of each provider's clients and the authorized units for that client. Providers will be required to record detailed service information on the worksheets and return them to BHD. Providers may only provide and bill for those services that have been prior authorized. In order to receive payment, providers must submit their Service Capture Worksheets to BHD within the timelines prescribed by BHD. Checks will be cut each week to reimburse providers for services reported for the previous week. Failure to report all services within thirty days of the date the service was rendered will result in non-payment.
9. **DISCHARGE** – When a client leaves a provider's service, whether it is a planned or unplanned discharge, provider agencies will be responsible for timely reporting of service completion information (date, reason for closure and level of improvement) within one business day of discharge to BHD and the client's Recovery Support Coordinator.
10. **AUDITING** – Participation in the AODA Services Provider Network constitutes the provider's approval to allow authorized representatives of the Milwaukee County Health and Human Services Department to have access to all records necessary to confirm the provision of services by the provider in accordance with audit procedures.

- 11. DEBARMENT** – If your agency has been debarred by any Court or governmental agency, you must disclose the circumstances in writing as part of your application. Failure to disclose may lead to removal from the Network.
- 12. COORDINATION OF SERVICES** – All providers of services are required to coordinate the care of each of their AODA clients with other providers of care to the client. As such, each provider shall cooperate with the efforts of each client’s Recovery Support Coordinator to coordinate the delivery of the services contained in the Single Coordinated Care Plan (SCCP). Collaboration includes membership on the client’s Recovery Support Team and attendance at Team meetings, as needed. The Recovery Support Team consists of both formal and informal/natural supports. Formal supports include representatives from each system with which the client and family are involved (e.g., criminal justice, child welfare, W-2, AODA treatment, mental health, etc.), as well as each of the client’s recovery support service providers. Examples of informal/natural supports include relatives, friends, neighbors, clergy, congregation members, etc. The purpose of the team is to assist the client to develop and achieve the goals of the SCCP, which incorporates all the goals of the client as well as the requirements, resources and contributions of each Team member. Failure to comply with this section may result in removal of the provider from the Wiser Choice Provider Network.
- 13. MAXIMIZATION OF FUNDING RESOURCES** - Providers are expected to maximize the procurement of other (non-BHD) billable sources (e.g., Medicaid, private insurance, other publicly-funded systems) that fund services they provide to AODA clients.
- 14. CONFIDENTIALITY/PRIVACY** - The provider agency and its staff must have a thorough understanding of and policies/procedures to comply with Wisconsin Patient Rights and Confidentiality regulations in Wisconsin Administrative Code HFS 92, the Code of Federal Regulations, 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA).

**15. NONDISCRIMINATION IN DELIVERY OF SERVICES**

**Pursuant to Title VI of the Federal Civil Rights Act of 1964**

No eligible client shall be denied any services enumerated in this agreement or be subjected to discrimination because of race, national origin, or color, under any program to which Title VI of the Civil Rights Act of 1964 applies.

**Pursuant to Section 504 of the Federal Rehabilitation Act of 1973 (Handicapped)**

No otherwise qualified handicapped individual shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal or county financial assistance.

- 16. CIVIL RIGHTS COMPLIANCE PLAN** - Consistent with the requirements of the U. S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency (LEP) Plans. This applies to agencies and organizations that have 25 or more employees, or do \$25,000 or more worth of business with Milwaukee County. Any agency or organization that is required to file a CRCP with the DWD or the DHFS in 2005 must submit a copy of the same plan to the Milwaukee County Department of



Health and Human Services (DHHS). All other agencies and organizations are required to file a “Letter of Assurance” with the DHHS.

Agencies and organizations that file the State forms listed below are required to submit copies of those forms to the Milwaukee County Department of Health and Human Services as part of their application for funding.

- Form DOA 3607, Affirmative Action Eligibility by Federal Employer Identification Number or Social Security Number;
- Form DOA 3024, Affirmative Action Request for Exemption (from filing Form DOA 3607);
- Form DOA 3023, Vendor Subcontractor List (for qualified subcontractors that meet Equal Opportunity thresholds).

**(For instructions and information to obtain forms, please refer to the Civil Rights Compliance Plan Booklet included in Exhibit E – for questions, please call Jeff Aikin at 289-6055).**

- 17. LIVING WAGE** - Milwaukee County requires Purchase of Service contractors to pay at least a **Living Wage of \$7.88 per hour** to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract.
- 18. QUALITY ASSURANCE** - Quality Assurance activities ensure the appropriate expenditures of public funds and the provision of quality services. Quality Assurance activities may include, but are not limited to: compliance with all BHD requirements related to billing reports, treatment delivery, certification/licensure requirements, and all issued policies/procedures.

#### *Performance Review Process for AODA System Providers*

Currently, the AODA system’s Quality Assurance protocol requires random audits of all program areas by the Quality Assurance staff. Agencies and services are reviewed by established audit criteria. Copies of these criteria are available upon request. The contact person is Jena Scherer, 257-7331.

It is anticipated that a Performance Review Process similar to that of the Adult Mental Health System will be developed for the AODA system in 2006. Having a jointly developed plan will enable the Behavioral Health Division to implement comparable Performance Review Processes for both the Mental Health and the AODA systems. The Behavioral Health Division Performance Review process currently employed for the Adult Mental Health system integrates administrative and program monitoring activities within the Community Services Branch to provide formal, consistent feedback to programs. The review consists of a two-tier process including evaluation of both process and program outcomes:

1. Process outcome evaluation is achieved by measuring process indicators within an agency report card. This report card includes quarterly monitors along with random onsite agency audits by the audit team. Verbal feedback from this audit is provided to the agency onsite. Each agency will also be required to do a random self-audit report and report the findings to BHD.
2. Program outcomes are measured for each program. Current evaluation criteria available by request.

## 19. INFORMATION SYSTEM REQUIREMENTS

**Data Requirements.** The selected provider will be required to comply with the Behavioral Health Division's (BHD) Management Information System data needs. This data includes, but is not limited to, service data, agency financial data, and performance measurement data. The provider will have the sufficient technological capacity to adapt agency data systems as necessary to accommodate any and all changes to data reporting requirements as required by BHD. Should modifications to these requirements be necessary, the provider will comply within 90 days of written notification. Failure to comply with required reporting requirements will result in withholding of payment. The provider will be required to report all necessary information in a timely manner consistent with the needs of BHD.

**Hardware, Software and Procedural Requirements.** The applicant agency must have email capability. In the future, when BHD requires provider agencies to access BHD's information system via the Internet to report services, providers will need to meet the minimum computer hardware and software standards as specified by both the BHD and the Milwaukee County Information Management Services Division. At present, these specifications require that all personal computer equipment should be at least a Pentium III 550 MHz processor with the following: 128 MB of memory; a CD-ROM drive or access to a network CD-ROM for installation; a minimum of 300 MB of free disk space for installation and working space during processing; 800 x 600 SVGA display with 256 colors and 16MB of video RAM; Parallel port, TCP/IP Ethernet connection of 10BT; at least a 14" color monitor capable of SVGA display; Windows 2000 Professional or Windows XP Professional; Microsoft Internet Explorer 6.0 or higher. The agency will also be required to make broadband access to the Internet available to staff members as necessary and to obtain communication software necessary, i.e., FTP, to access BHD's primary information system.

***PART II:***

***APPLICATION AND  
INSTRUCTIONS***

## APPLICATION INSTRUCTIONS

- 1. APPLICATION PROCESS** - All applications must be completed entirely. Incomplete applications will be returned. First time new provider applicants are subject to a site inspection. Agency directors or their designee will be required to attend a Fiscal and Procedural Orientation for New Providers within one month of being approved for the Network. No services may be provided by an agency without the written approval of BHD or Central Intake Unit staff. Agencies providing services without such approval will not be paid.
- 2. SERVICES & DIRECT SERVICE PROVIDERS** – List all services to be provided by service code under “Requested Contracted Services” on the Provider Application (See Exhibit A – Recovery Support Services.)
- 3. EXHIBITS** - Please consult the following Exhibits when completing the application:
  - EXHIBIT A Service Description List** – Describes Network services, along with service code number, rate and billing unit.
  - EXHIBIT B Licensure/Certification Requirements** – Use this table, in conjunction with Exhibit A, to determine the appropriate credentials to be submitted along with the application.
  - EXHIBIT C Level of Care Definitions** – Describes AODA clinical treatment levels of care and HFS 75 requirements for certification.
  - EXHIBIT D Equal Employment Opportunity Requirements and Forms** – Complete the forms included in this exhibit and attach them to the application.
  - EXHIBIT E Civil Rights Compliance Plan** – Refer to this exhibit when documenting the required civil rights compliance plan.
- 4.** Applicants must submit an original plus three (3) copies of the completed application.
- 5.** Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded an agreement, the application material submitted is placed in an agency master file; it becomes part of the agreement with the Milwaukee County Department of Health and Human Services. Application material becomes public information and is subject to the open records law only after the application process is completed and an agreement is fully executed. Prior to the granting of agreements and their full execution, the application material is considered as "draft" and is not subject to the open records law. Applications that are not approved will be discarded.

**6. APPLICATIONS MAY BE MAILED OR DELIVERED TO:**

Milwaukee County Department of Health and Human Services  
Behavioral Health Division  
**ATTN. Rochelle Landingham**  
**Contract Services Coordinator, SAIL Program**  
9201 Watertown Plank Road  
Milwaukee, WI 53226

**7. PUBLIC INFORMATION SESSIONS**

As part of the Application process the Behavioral Health Division will conduct two public information sessions for interested parties on **Monday, November 28 2005:**

**1) 3:00-5:00 p.m.** in the Helen Carey Auditorium at the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee, WI.

and

**2) 6:00-8:00 p.m.** in the Helen Carey Auditorium at the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee, WI.

For additional information regarding the RFA process, please contact Rochelle Landingham, 257-7337

**The following is a list of items to be submitted:**

The submission of items in rows with an "X" in the columns under the filing status of your application are required as part of the application.

	New Applicants	Current BHD Providers
1. 2006 Provider Application Form	X	X
2. Certification Statement - Resolution Regarding Background Checks	X	X
3. Civil Rights Compliance Plan	X	
4. Copy of each relevant HFS 75 Certificate (Per Exhibit B)	X	X
5. Equal Employment Opportunity Certificate & Policy Statement	X	X

# Alcohol and Other Drug Abuse Services Provider Network 2006 PROVIDER APPLICATION Agency Information

Agency Name: \_\_\_\_\_ Vendor # \_\_\_\_\_

Office Use Only

Sole Provider    Partnership    Corporation    Service Corp.    Profit    Non-Profit

When was your agency or organization established? (Month/Year) \_\_\_\_\_

Agency Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*\*All agencies must have an established e-mail account—PLEASE TYPE—or print plainly\*\***

Billing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail payments to (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Income Tax Purposes, Agency Providers please provide:

Federal Employer Tax ID Number \_\_\_\_\_

State Employer Tax ID Number \_\_\_\_\_

Is your agency Medicaid certified?    Yes    No   also specify Medicaid HMO affiliation(s): \_\_\_\_\_

If yes, list Medicaid provider number for each certified program:

Certified Program	Provider Number

**MINORITY OR DISADVANTAGED VENDOR**    Yes    No

(Check all that apply)

Minority Vendor

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

Disadvantaged Vendor

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

Please check any HFS 75 program certifications that your agency has. Please include copies of all such program certifications with the application.

- 75.04 Prevention service
- 75.05 Emergency outpatient service
- 75.06 Medically managed inpatient detoxification service
- 75.07 Medically monitored residential detoxification service
- 75.08 Ancillary detoxification service
- 75.09 Residential intoxication monitoring service
- 75.10 Medically managed inpatient treatment service
- 75.11 Medically monitored treatment service
- 75.12 Day treatment service
- 75.13 Outpatient treatment service
- 75.14 Transitional residential treatment service
- 75.15 Narcotic treatment service for opiate addiction

**FAITH-BASED ORGANIZATION:**     Yes     No    If “Yes,” check the following definition of a faith-based organization that best fits your organization:

- a religious congregation (church, mosque, synagogue, or temple); or
- an organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); or
- a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution; or
- a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.

Denominational Affiliation: \_\_\_\_\_

## **Provider Profile**

**PROVIDER PROFILE**—Please write a concise description of your agency that can be used to help clients make an informed choice of service providers. This should include such things as the programs offered, services designed for specific target populations, and unique or unusual features that might be of interest to some clients. Add another page, if necessary. This information will be published in the Wisser Choice Provider Directory.

# Alcohol and Other Drug Abuse Services Provider Network 2006 PROVIDER APPLICATION

## Site Information

*Providers that offer services at more than one address should complete a separate site information sheet for each address at which services are provided. In addition, if hours of operation are not the same for different programs offered at the same address, please complete a separate "hours of operation" section for each program with different hours.*

Agency Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Appointment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **FACILITY ACCESSIBILITY** (check box if **YES**)

- Offers American Sign Language interpretation
- DD/TTY (If yes, give number: \_\_\_\_\_)
- Offers handicapped parking
- Is wheelchair accessible?
- Has a location near public transportation

### **PLEASE CHECK IF YOU PROVIDE:**

- Programs for Men     Programs for Women     Programs for Men and Women
- Services for Pregnant Women
- Services for Families with Children    ( Childcare provided)
- Services for Persons Involved in the Criminal Justice System
- Services for the Developmentally/Physically Disabled
- Services for persons with co-occurring mental health and substance use disorders
- Does this site offer non-English language / cultural competence? If so, which languages?     Spanish     Hmong  
 Other (list all): \_\_\_\_\_

### **HOURS OF OPERATION:**

for a specific program: \_\_\_\_\_

for all programs at this site

Monday \_\_\_\_\_

Saturday \_\_\_\_\_

Tuesday \_\_\_\_\_

Sunday \_\_\_\_\_

Wednesday \_\_\_\_\_

Emergency contact available 24 hours

Thursday \_\_\_\_\_

(phone number: \_\_\_\_\_)

Friday \_\_\_\_\_



<p style="text-align: center;"><b>BUSINESS ASSESSMENT PROSPECTIVE VENDORS AODA SERVICES PROVIDER NETWORK</b></p>
--

**TO BE COMPLETED BY NEW VENDORS ONLY:** On a separate sheet of paper, please attach to this form a general overall assessment of your business practices corresponding to the following areas. Please address each question briefly. If a topic does not pertain to your type of business, please indicate so by writing “N/A” in your narrative. (For example, a mentoring or transport agency will not have clinical documentation as part of its recordkeeping responsibilities.)

**I. BILLING/FISCAL RECORDKEEPING**

1. Who is responsible for managing the books, doing your billing, doing your payroll?
2. What type of background/training does this person have?
3. How many years of experience do they have in this type of work?
4. What type of billing monitoring system is being utilized, i.e. – Any special software program being utilized? Are the books kept manually?

**II. SCREENING OF EMPLOYEES**

1. Who will be responsible for screening/interviewing all individuals and assuring that background checks are completed and acceptable?
2. Does the agency have a screening/interview tool/process in place?
3. What will be the procedure for maintaining personnel files?

**III. LICENSURE REQUIREMENTS**

1. Who will be responsible for assuring that all applicable individual licenses/certifications/diplomas (both professional licenses/certifications/diplomas and driver’s licenses) and agency licenses/certifications are on file?
2. Is there some type of tracking system set up to assure that the licenses/certifications that are on file are always current?

**IV. CLINICAL DOCUMENTATION/FILES**

1. Who will provide ongoing monitoring of documentation/progress notes?
2. What type of background/training does this person have which would enable them to sufficiently perform this job, i.e. –If you are reviewing/approving/monitoring clinical/professional documentation the person doing the monitoring/reviewing should have clinical experience and expertise in that area.
3. Who will check that the reported employee service hours match with the times indicated on the progress notes/documentation?
4. Comment on the maintenance of your client files/charts, i.e. – What do you include in the file? What type of filing system will you use? Where and how are files/charts stored?

**V. TRAINING**

1. Who will be responsible for any type of training that needs to occur?
2. What qualifies this person(s) to do the training?
3. How will you track who has attended what trainings and the number of hours that that person has accumulated in training time or continuing education credits?

**VI. EMPLOYEE SUPERVISION**

1. Who will be responsible for disciplinary action/ monitoring the work performance of the employees?
2. What mechanisms/policies/procedures are in place for this?

**VII. QUALITY ASSURANCE**

1. Any other specific quality assurance mechanisms in place at the agency, i.e. –  
Programmatic and fiscal self-auditing? Client/consumer satisfaction surveys?  
Means/procedure for clients/consumers to complain about services/providers?  
Tracking of any outcomes, etc.

**Requested Contracted Services**

(See attached Exhibit A: Recovery Support Services)

Service Code	Description

**SOLE PROVIDERS – Individuals coming into the Network, as the sole provider may not provide the following services:**

<b>Service</b>
Daily Living Skills
Life Skills Training
After School
Child Care
House Management Services
Housing Assistance
Parent Assistance
Respite Care
Community Employment Program
Work Adjustment Training

**EXISTING PROVIDERS IN THE NETWORK SUBMITTING AN APPLICATION TO PROVIDE INDEPENDENT SERVICES**

Individual providers submitting an application to independently provide the same services for which they are currently authorized with the AODA Services Providers Network through another agency **must attach written approval from those agencies to this application; or if there is a conflict of interest or if such affiliation would impair the integrity of the separate entity, the provider may be asked to resign from the former agency as a condition of approval.** If the provider submitting an independent application is associated with an agency already approved to provide services within the AODA Services Providers Network, but is requesting to provide services that he/she does not provide through the associated agency, written notification of the intent to provide services independently must be submitted to and approved by the associated agency, a copy of which must be attached to this application.

**Licenses & Certifications**

Attach a copy of current licenses and/or certifications pertinent to the service(s) to be provided. See Exhibit B regarding license/certification expectations for specific services.

**TRANSPORTATION AGENCIES:**

- Provide your Agency Medicaid Provider Number \_\_\_\_\_.
- Attach SMV Certification for medical transportation

**Requirements Specific to Service**

**Clinical Services (All Levels of Care)**

Attach a narrative addressing the following elements:

- Program Description. Describe what services will be provided to enhance the individual's strengths and meet the identified needs. Explain how those services will be delivered. Describe the process of assessing client needs, developing and updating treatment plans and other components of the treatment process. The description of the service delivery process should reflect knowledge of appropriate state certification (HFS 75) and licensing (HFS 83 for residential programs) rules.

Explain in detail what issues are addressed in individual counseling sessions. Provide a detailed listing of the most common issues that group therapy focuses on. What are the special group topics commonly addressed i.e. gender or cultural issues, family relationships, etc.? Describe what services and treatment a client could receive during the course of treatment for your service. What added services are provided to dual diagnosed clients?

- Staff. Explain the qualifications and experience of staff that will be providing services in this program, including licenses and certifications when appropriate. Describe who will be responsible for supervision and how it will occur.

Describe the staffing pattern and its relationship to the volume of clients or services to be provided. Identify the number of **clinical staff** (staff involved in direct service), **by position** in the program and give specific staff to client ratios or caseload per staff statistics. Community based residential facilities must submit a detailed description of how, by staff position, 24-hour coverage will be provided. Agencies that provide services at more than one site must include a description of the staffing pattern, **including clinical FTEs**, for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

Here are a few examples of material requirements:

#### **Parenting Classes**

- Attach a copy of the curriculum outlining the service
- Attach a description of required staff qualifications & credentials

#### **Parent Assistance**

- Attach a copy of the curriculum outlining the service
- Attach copies of instructors' credentials to provide educational/academic programming

#### **Life Skills Training**

- Attach a copy of the curriculum outlining the service
- Attach copies of instructors' credentials to provide educational/academic programming

#### **Community Employment Program**

- Attach a copy of the curriculum outlining the service
- Attach a description of required staff qualifications & credentials
- Attach an outline of program staff training

**Work Adjustment Training**

- Attach a copy of the curriculum outlining the service
- Attach a description of required staff qualifications & credentials
- Attach an outline of program staff training

**After School Activities**

- Day Care License (if serving 3 or more through age of 12 at one time)
- Program Description (After School)

**Insurance**

Attach Certificate of Liability Insurance. **Note: Milwaukee County must be named as an additional insured under General Liability, Professional Liability and Automobile Insurance.**

**Coordination of Benefits**

List HMO's and other insurance you accept: \_\_\_\_\_

**Signature**

I agree that all information included in this application is true and correct and that I understand and agree to the application information and requirements. I further acknowledge that the information in this application is subject to periodic verification without notice and that any misrepresentation on this form may result in disqualification from participation in the WIsur Choice Program, and potentially any other County-affiliated programs, and legal action or fiscal sanctions may be taken as determined appropriate by Milwaukee County or its designated representative(s) in accordance with applicable law, policies.

Provider Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Dated: \_\_\_\_\_

**PLEASE RETURN APPLICATION WITH ATTACHMENTS TO:**  
 ROCHELLE LANDINGHAM  
 CONTRACT SERVICES COORDINATOR, SAIL/AODA PROGRAM  
 MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
 COMMUNITY SERVICES BRANCH  
 9201 WATERTOWN PLANK ROAD  
 MILWAUKEE, WI 53226

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
(DHHS)**

**Certification Statement - Resolution Regarding Background Checks on  
Employees of DHHS Contract Agencies and Agencies/Organizations having  
Reimbursable Agreements Providing Direct Services to Children and Youth**

**CERTIFICATION STATEMENT**  
**RESOLUTION REGARDING BACKGROUND CHECKS**

This is to certify that \_\_\_\_\_ has:  
(Name of Agency/Organization)

- 1) received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- 2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- 3) is in compliance with the provisions of the Resolution requiring background checks.

\_\_\_\_\_  
(Authorized Signature of Person Completing Form)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

Contract Administration/nm Rev 5/00

# EXHIBIT A: Recovery Support Services

## Ancillary Services

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
After School Program	2026	\$12.00	Hour

These are partial-day programs that offer supervision and structure for AODA Services clients' children before and after the regular school day, which may include social-recreation activities as well as academic activities. If academic support is provided, agencies must maintain documentation of teaching or tutoring experience on file.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Child Care, Daily	2033	26.50	Day

Daily (up to 10 hours) supervision of a child (up to age 12) in a licensed Day Care facility (when there is three or more children at one time) so that the parent / legal guardian or caretaker may attend Child / Family Team meetings, therapy sessions related to meeting the needs of the Single Coordinated Care Plan or Treatment Plan. This service is not for the purpose of providing childcare during work hours for a parent caregiver. This is not an overnight service. A Day Care License is required.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Child Care, Hourly	2034	\$6.00	Hour

Supervision of a child for up to 4 hours in a licensed Day Care facility (if serving three or more children at one time). The purpose is to facilitate the attendance by parent / legal guardian or caretaker at Client/Family Team meetings, therapy sessions, but not for the purpose of providing child care during working hours for parent (s). A Day Care License is required.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Daily Living Skills - Group	2007	\$16.00	Hour

Provides ongoing support and training in everyday practical and financial skills, such as nutrition, hygiene, consumer awareness, banking, budgeting, and other daily supports. Services may be provided in the community or at the Provider's site.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Daily Living Skills - Individual	2008	\$32.00	Hour

Provides ongoing support and training in everyday practical and financial skills, such as nutrition, hygiene, consumer awareness, banking, budgeting, and other daily supports. Services may be provided in the community or at the Provider's site. Services will be provided on an individual basis.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
House Management Services	2028	\$23.00	Hour


Includes services to the family or caretaker to support a child/children remaining in the home. Includes teaching skills such as budgeting and money management, cooking, cleaning, chore services and financial management, etc.


<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Housing Assistance	2032	\$25.00	Hour


This service assists families to locate and secure affordable and safe housing as needed, including accessing housing referral service, relocation, and tenant/landlord counseling, repair mediation, and other identified housing needs. This service will pay out a maximum of \$100.00 per enrollment. Providers supplying this service may not refer participants to their own rental units.

# EXHIBIT A: Recovery Support Services

## Ancillary Services (continued)


<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>	 new
Temporary Housing		\$20/room per person	Day	
<p>Housing for a period of less than two weeks for participants having immediate housing needs. Providers will need to provide description of residence and house rules. Residence must be city code compliant and must submit an occupancy permit if deemed necessary by the city. Milwaukee County will conduct routine Housing Quality Standards inspections. Length of stay will not be authorized beyond two weeks unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must include a completed W-9 form. Providers must submit attached Housing Profile Packet with the application.</p>				

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>	 new
Transitional Housing		\$350/room per person	Month	
<p>Housing for a period of ninety days or less. Location will have staff supervision and be furnished. Providers will need to provide description of residence and house rules. Residence must be city code compliant and must submit an occupancy permit if deemed necessary by the city. Milwaukee County will conduct routine Housing Quality Standards inspections. Providers must include a completed W-9 form. Length of stay will not be authorized beyond ninety days unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must submit attached Housing Profile Packet with the application.</p>				

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>	 new
Room and Board		\$500/room per person	Month	
<p>Housing for a period of ninety days or less. Location will have staff supervision, be furnished, and provide meals. Providers will need to provide description of residence and house rules. Residence must be code compliant with the City of Milwaukee and Milwaukee County will conduct routine Housing Quality Standards inspections. Residence will also need to have appropriate room and board licensure from their municipality. Applications will be accepted prior to the agency receiving their licensure, but payment will not be authorized until proof of license is provided. Providers must include a completed W-9 form. Length of stay will not be authorized beyond ninety days unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must submit attached Housing Profile Packet with the application.</p>				

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Interpreter Services	2029	\$35.00	Hour
<p>Interpretive services provided to the individual/family (may be bi-lingual, hearing impaired, or other).</p>			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Life Skills Training	2025	\$30.00	Hour
<p>This service is designed to empower families to make their own decisions through training, education, vocational skills and transitional resources available in the community. As a result of such training, families will acquire skills to support an independent lifestyle, coupled with improved self worth as measured by their successes in setting goals, demonstrating accountabilities, and achieving the ability to function productively in the family and in the community.</p>			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>	 new
Parenting Classes		\$40.00	Hour	
<p>This service assists parents in child development and parenting information as well as networking with other parents with similar circumstances. These services may cover general parenting skills, child/adolescent development, anger management, appropriate discipline, communication, and conflict resolution. The provider must have demonstrated training or experience in providing this service and must submit program outline and staff credentials.</p>				



# EXHIBIT A: Recovery Support Services

## Ancillary Services (continued)

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Parent Assistance	2031	\$30.00	Hour

A Parent Assistant is a paraprofessional whose role is to assist a parent / caregiver with parenting skills, by teaching, modeling and monitoring appropriate child care methods such as rule setting, time outs, etc. The Parent Assistant acts as a guide and support for the parent and may provide information and advocacy on child development, and age appropriate needs and expectations. The parent assistant can also help the parent in locating natural supports in their community, i.e. a support group. Also, included in this service is assistance with securing needed basic resources such as food, clothing, furniture, medicine, etc. The Parent Assistant may also provide home health and personal care services such as bathing, dressing, budgeting and organization of the home, as identified in the Single Coordinated Care Plan.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Respite Care - Daily	2035	\$45.00	Day

Same as the hourly Respite Care service (below), but provided at a daily rate. For emergency consideration only.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Respite Care - Hourly	2036	\$10.00	Hour

Temporary care required to relieve the principal care giver of the stress in taking care of a child/children or for other reasons that help sustain the family structure, or meet the needs of the child. Respite care may be provided in the client's home or in the home of the respite provider.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Supported Work Environment/Job Coach	2039	\$40.00	Hour

This service provides a supported work environment for individuals who are in need of intervention and support on the job. It is individualized and time limited. This service may include vocational and functional assessments, job training, career planning, job exploration and placement.

CLOSED

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Community Employment Program		\$45.00	Day

This service provides job placement for individuals who may not otherwise be employed in other traditional settings. The provider must complete an employability assessment, individual service and job development plan with participants. This service may include short-term job training, job coaching and mobility training. The provider must have in-person contact with participants not to exceed twice weekly. This service is individualized and time limited.



<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Work Adjustment Training		\$14.00	Hour

This service is facility-based work service that provides a variety of paid work opportunities at a fair-market hourly rate. The provider must complete an individual employment plan with participants and each must participate in an integrated work setting. Hands-on, paid training services may include food service or assembly/packing training and assembly/spot welding. This service is individualized and time limited.



<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Education/Academic Skills Development		\$35.00	Hour

This service includes individualized or small group instruction provided by at minimum a paraprofessional; staff qualifications must accompany the application. The services, which will aid in skills development, may include literacy services, assistance with completing a high school diploma (HSD), general education diploma (GED) or English as a Second Language (ESL). This service is individualized and time limited.





# EXHIBIT A: Recovery Support Services


## Ancillary Services (continued)

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Transportation - Client/Family	2040	\$25.00	One-way trip
Transportation by a SMV certified transport provider. Medicaid reimbursable transportation, i.e. therapeutic visits, should be arranged and billed for by the Provider.			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Urinalysis	2015	\$8.00	Test
Reimbursement to provider agencies for obtaining required urinalysis tests, regardless of the number of test panels.			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>	
Domestic Violence Victim Services		\$30.00	Hour	 new
This educational service is designed to assist and support participants to overcome the affects of being victimized by violence. The services may be gender specific and may cover understanding emotions and feelings, identifying and understanding violent behavior, appropriate communication, healthy relationships and setting expectations. The provider must have demonstrated training and experience in providing this service and possess the capacity to work with the other system and community services where appropriate. <b>This service cannot include efforts to engage the victim with his/her batterer.</b>				

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>	
Domestic Violence Batterer Services		\$30.00	Hour	 new
This educational service is designed to assist and support participants seeking assistance to address and eliminate violent behavior against others. These services may be gender specific and may cover behavior analysis, appropriate communication, and alternatives to violence. The provider must have demonstrated training and experience in providing this service and possess the capacity to work with the other system and community services where appropriate. <b>This service cannot include efforts to engage the batterer with his/her victim.</b>				

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>	
Spiritual Support – Ancillary				 new
Individual		\$24.00	Hour	
Family		\$36.00	Hour	
This service supports the participant's recovery plan and may cover spirituality in recovery and spiritual growth and development. This service provides spiritual support specific to the provider's identified faith or denomination. This service must be provided by at minimum, a paraprofessional that is ordained or licensed by the identified faith or denomination. This service is individualized and time limited.				

*If you are a Faith-Based Organization, you are required to state your faith or denomination affiliation and if faith/religion is incorporated into the delivery of the service you are applying for, you must clearly describe how this will occur.*

# EXHIBIT A: Recovery Support Services

## Clinical Services

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
AODA Day Treatment	2009	\$25.00	Hour
<p>Individual and group treatment and activities provided in a setting that is a State licensed facility/certified program under HFS 75. Day treatment services are medically monitored, non-residential substance use treatment services which consist of regularly scheduled sessions (such as individual and group counseling, case management) per day and week, with each client receiving a minimum of 12 hours of counseling per week. These services are goal oriented, time limited and provide structured and comprehensive support services, i.e. meals, transportation to and from the site, recreation, etc. Therapy is provided by a "Substance Abuse Counselor", as defined in HFS 75.12(4): Certified Alcohol and Drug Counselor (CADC), or a Registered Alcohol and Drug Counselor (RADC), under the clinical supervision of a CADC. A physician/psychiatrist must be available to provide medical/mental health consultation.</p>			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
AODA Family Counseling	2010	\$24.00	1/4 hour
<p>Family counseling related to AODA issues in a State licensed facility/certified program under HFS 75. Family counseling services include a variety of evaluation, diagnostic, crisis and treatment services relating to substance use to ameliorate negative symptoms and restore effective functioning. Therapy is provided by a "Substance Abuse Counselor", as defined in HFS 75.12(4): Certified Alcohol and Drug Counselor (CADC), or a Registered Alcohol and Drug Counselor (RADC), under the clinical supervision of a CADC. A physician/psychiatrist must be available to provide medical/mental health consultation.</p>			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
AODA Group Counseling	2011	\$5.90	1/4 hour
<p>AODA group counseling provided in a State licensed facility/certified program under HFS 75. Group counseling services include crisis and treatment services relating to substance use to ameliorate negative symptoms and restore effective functioning. Therapy is provided by a "Substance Abuse Counselor", as defined in HFS 75.12(4): Certified Alcohol and Drug Counselor (CADC), or a Registered Alcohol and Drug Counselor (RADC), under the clinical supervision of a CADC. A physician/psychiatrist must be available to provide medical/mental health consultation.</p>			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
AODA Individual Counseling	2012	\$13.25	1/4 hour
<p>Individual counseling related to AODA issues in a State licensed facility/certified program under HFS 75. Individual counseling services include a variety of evaluation, diagnostic, crisis and treatment services relating to substance use to ameliorate negative symptoms and restore effective functioning. Therapy is provided by a "Substance Abuse Counselor", as defined in HFS 75.12(4): Certified Alcohol and Drug Counselor (CADC), or a Registered Alcohol and Drug Counselor (RADC), under the clinical supervision of a CADC. A physician/psychiatrist must be available to provide medical/mental health consultation.</p>			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Faith-focused AODA Family Counseling		\$24.00	1/4 hour
<p>Faith-focused family counseling related to AODA issues in a State licensed facility/certified program under HFS 75. Family counseling services include a variety of evaluation, diagnostic, crisis and treatment services relating to substance use and involve direct and systematic incorporation of faith/religion to ameliorate negative symptoms and restore effective functioning. Providers are expected to follow recommended ethical guidelines regarding the explicit use of faith/religion or spirituality in clinical practice. Please disclose any religious beliefs or practices that do not recognize the efficacy of treatment, including medication, for people with substance abuse and mental health disorders. Please submit a copy of the informed consent. Therapy is provided by a "Substance Abuse Counselor", as defined in HFS 75.12(4): Certified Alcohol and Drug Counselor (CADC), or a Registered Alcohol and Drug Counselor (RADC), under the clinical supervision of a CADC. A physician/psychiatrist must be available to provide medical/mental health consultation. The provider must identify the affiliated faith or denomination.</p>			



# EXHIBIT A: Recovery Support Services

## Clinical Services (continued)

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Faith-focused AODA Group Counseling		\$5.90	1/4 hour



AODA group counseling provided in a State licensed facility/certified program under HFS 75. Group counseling services include crisis and treatment services relating to substance use and involve the direct and systematic incorporation of faith/religion to ameliorate negative symptoms and restore effective functioning. Providers are expected to follow recommended ethical guidelines regarding the explicit use of faith/religion or spirituality in clinical practice. Please disclose any religious beliefs or practices that do not recognize the efficacy of treatment, including medication, for people with substance abuse and mental health disorders. Please submit a copy of the informed consent. Therapy is provided by a "Substance Abuse Counselor", as defined in HFS 75.12(4): Certified Alcohol and Drug Counselor (CADC), or a Registered Alcohol and Drug Counselor (RADC), under the clinical supervision of a CADC. A physician/psychiatrist must be available to provide medical/mental health consultation. The provider must identify the affiliated faith or denomination.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Faith-focused AODA Individual Counseling		\$13.25	1/4 hour



Individual counseling related to AODA issues in a State licensed facility/certified program under HFS 75. Individual counseling services include a variety of evaluation, diagnostic, crisis and treatment services relating to substance use and involve the direct and systematic incorporation of faith/religion to ameliorate negative symptoms and restore effective functioning. Providers are expected to follow recommended ethical guidelines regarding the explicit use of faith/religion or spirituality in clinical practice. Please disclose any religious beliefs or practices that do not recognize the efficacy of treatment, including medication, for people with substance abuse and mental health disorders. Please submit a copy of the informed consent. Therapy is provided by a "Substance Abuse Counselor", as defined in HFS 75.12(4): Certified Alcohol and Drug Counselor (CADC), or a Registered Alcohol and Drug Counselor (RADC), under the clinical supervision of a CADC. A physician/psychiatrist must be available to provide medical/mental health consultation. The provider must identify the affiliated faith or denomination.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
AODA Medically Monitored Residential Treatment	2005	\$120.00	Day

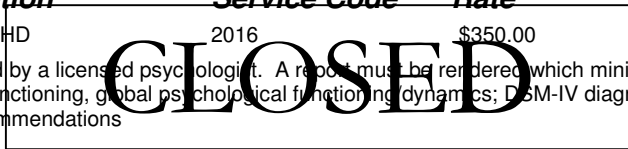
A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
AODA Transitional Residential Treatment	2006	\$90.00	Day

A transitional residential treatment service is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling for 3 to 11 hours per patient weekly, immediate access to peer support through the environment and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Evaluation Services - PhD	2016	\$350.00	Session

Service will be provided by a licensed psychologist. A report must be rendered which minimally addresses the following: intellectual functioning, global psychological functioning dynamics; DSM-IV diagnosis; strengths and specific treatment recommendations



<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Individual Therapy-Ph.D.	2022	\$100.00	Session

Individual therapy provided by a Ph.D. level psychologist licensed in the State of Wisconsin.



# EXHIBIT A: Recovery Support Services

## Clinical Services (continued)

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Methadone	2020	\$8.80	Day
Narcotic treatment service for opiate addiction through the use of methadone and a broad range of medical and psychological services, substance use counseling and various social services. Methadone is used to prevent the onset of withdrawal symptoms for 24 hours or more, reduce or eliminate drug craving and block the euphoric effects of any illicit self administered narcotics while the client is undergoing rehabilitation. These services must be performed by credentialed staff in accordance with HFS 75.15.			

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Psychiatric Reviews/Meds	2023	\$65.00	Session
Psychiatric assessment of an individual and their family performed by a licensed Psychiatrist (M.D.) with recommendations for treatment. Requires a written report, including DSM-IV diagnosis and specific treatment recommendations.			

*If you are a Faith-Based Organization, you are required to state your faith or denomination affiliation and if faith/religion is incorporated into the delivery of the service you are applying for, you must clearly describe how this will occur.*

## EXHIBIT B: AODA SERVICES PROVIDER NETWORK

### LICENSURE/CERTIFICATION REQUIREMENTS

**IMPORTANT:** Please note that under several codes/descriptions a variety of professionals may be able to provide that service. These Providers may be independent or associated with an Agency. Some professions may be certified or licensed or have no professional regulations at all. In cases where a certification or license is required, your agency must maintain copies of these on file for audit purposes. If your profession does not certify/license you, then you must maintain a copy of your diploma and verification of hours worked (if applicable).

Service Code	Description	Ind. License	Individ. Cert.	Agency License	Agency Certif.	Diploma	Qualified Individuals	Other
	After School Program			X			See Service Description	Day Care License if serving more than 3 at one time
	AODA Day Treatment	X	X		X	X	See Service Description	See Application
	AODA Family Counseling	X	X		X	X	See Service Description	See Application
	AODA Group Counseling	X	X		X	X	See Service Description	See Application
	AODA Individual Counseling	X	X		X	X	See Service Description	See Application
	AODA Medically Monitored Residential Treatment	X	X	X	X	X	See Service Description	Community Based Residential Facility (CBRF) License
	AODA Transitional Residential Treatment	X	X	X	X	X	See Service Description	Community Based Residential Facility (CBRF) License

Service Code	Description	Ind. License	Individ. Cert.	Agency License	Agency Certif.	Diploma	Qualified Individuals	Other
	Child Care-Daily			X			See Service Description	Day Care License if serving more than 3 at one time
	Child Care-Hourly			X			See Service Description	Day Care License if serving more than 3 at one time
	Daily Living Skills-Group						See Service Description	
	Daily Living Skills-Individual						See Service Description	
	Evaluation Services – Ph.D.	X					See Service Description	<b>CLOSED</b>
	House Management Services						See Service Description	
	Housing Assistance						See Service Description	
	Interpreter Services						See Service Description	
	Individual Therapy – PHD	X	X		X	X	See Service Description	<b>CLOSED</b>
	Life Skills Training						See Service Description	
	Methadone	X	X		X	X	See Service Description	See Application
	Parent Assistance						See Service Description	See Application
	Psychiatric Reviews/Meds	X					See Service Description	<b>CLOSED</b>

Service Code	Description	Ind. License	Individ. Cert.	Agency License	Agency Certif.	Diploma	Qualified Individuals	Other
	Respite-Daily	X		X			See Service Description	Day Care License if serving more than 3 at one time
	Respite-Hourly			X			See Service Description	Day Care License if serving more than 3 at one time
	Supported Work Environment/Job Coach						See Service Description	<b>CLOSED</b>
	Transportation, One-way, Client/Family	Drivers License		X			See Service Description	
	Temporary Housing						See Service Description	See Housing Packet – Attachment A
	Transitional Housing						See Service Description	See Housing Packet – Attachment A
	Room and Board			X			See Service Description	See Housing Packet – Attachment A
	Parenting Classes		X				See Service Description	Indiv. Cert. or demonstrated experience
	Community Employment Program						See Service Description	
	Education/Academic Skills Development	X					See Service Description	
	Domestic Violence Victim Services		X				See Service Description	Indiv. Cert. or demonstrated experience
	Domestic Violence Batterer Services		X				See Service Description	Indiv. Cert. or demonstrated experience
	Spiritual Support – Individual	X					See Service Description	Indiv. License or Ordination



<b>Service Code</b>	<b>Description</b>	<b>Ind. License</b>	<b>Individ. Cert.</b>	<b>Agency License</b>	<b>Agency Certif.</b>	<b>Diploma</b>	<b>Qualified Individuals</b>	<b>Other</b>
	Spiritual Support – Family	X					See Service Description	Indiv. License or Ordination
	Faith-Focused Family Counseling	X	X		X	X	See Service Description	See Application
	Faith-Focused Group Counseling	X	X		X	X	See Service Description	See Application
	Faith-Focused Individual Counseling	X	X		X	X	See Service Description	See Application

## Exhibit C: AODA Levels of Care

**Placement Decisions.** The Central Intake Unit performs a comprehensive screening for AODA clinical and ancillary recovery support needs in order to determine if there is a need for AODA treatment and if so, the most appropriate level of care. In addition, other services that may be needed to support recovery are identified.

<b>Milwaukee Level of Care</b>	<b>Description of LOC</b>
Outpatient	Outpatient is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group and family therapy and referral to non-substance abuse services that may occur over an extended period. Must be certified as a HFS 75.13 outpatient provider.
Intensive Outpatient	An intensive outpatient program is a planned and organized service in which addiction professionals and clinicians provide several AODA treatment service components to clients. Treatment consists of regularly scheduled sessions within a structured program, with a minimum of 9 treatment hours per week. Examples include day or evening programs in which patients attend a full spectrum of treatment programming but live at home or in special residences. Must be certified as a HFS 75.13 outpatient provider.
Day Treatment	<p>Day treatment is a medically monitored, and non-residential substance abuse treatment service which consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week. Must be certified as a HFS 75.12 day treatment service provider.</p> <p>ORGANIZATIONAL REQUIREMENTS. A day treatment service may be a stand-alone service or may be co-located in a facility that includes other services.</p>
Transitional Residential	A transitional residential treatment is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling for 3 to 11 hours per patient per week, immediate access to peer support through the environment and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning. Must be certified as a HFS 75.14 transitional residential treatment service provider.

ORGANIZATIONAL REQUIREMENTS. Before operating or expanding a transitional residential treatment service, a facility shall be approved under ch. HFS 124 as a hospital, licensed under ch. HFS 83 as a community-based residential facility, certified under ch. HFS 82 or licensed under ch. HFS 88 as an adult family home.

Medically Monitored  
Residential

Medically monitored residential treatment operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient. Must be certified as a HFS 75.11 medically monitored residential treatment service provider.

Methadone

A narcotic treatment service for opiate addiction provides for the management and rehabilitation of selected narcotic addicts through the use of methadone and a broad range of medical and psychological services, substance abuse counseling and social services. Methadone, an FDA-approved narcotic, is used to prevent the onset of withdrawal symptoms for 24 hours or more, reduce or eliminate drug hunger or craving and block the euphoric effects of any illicitly self-administered narcotics while the patient is undergoing rehabilitation.

## EXHIBIT D: EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS AND FORMS

The following are the equal opportunity requirements for Purchase of Service contracts, based on Section 56.17 of the County Ordinances and relevant Federal and State laws and regulations.

- A. AFFIRMATIVE ACTION PLAN:** Agencies that have fewer than 10 employees and a Milwaukee County contract are urged to voluntarily develop and keep on file an Affirmative Action Plan and a Civil Rights Compliance Action Plan.

**ACTION** - Agencies, which have a Milwaukee County contract and have 10 or more employees, are required to develop and/or update an Affirmative Action Plan. **Plans should be submitted by May 1, 2004 to Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Ninth Floor, Milwaukee, WI 53208** [Phone No: (414) 278-4246]

Information regarding basic statistics on population and labor force can be obtained from Ronald Ramlo, Labor Market Analyst, Job Service, State Office Building, 819 North 6th Street, Milwaukee, WI 53203 (227-4310).

- B. CIVIL RIGHTS COMPLIANCE ACTION PLAN:** Agencies which have a Milwaukee County contract shall have a Civil Rights Compliance Action Plan which ensures that no person shall, on the grounds of race, color, national origin, age, sex, religion, or handicap, be excluded from participation in or be subjected to discrimination in any program or activity funded, in whole or in part, by Federal and State funds.

- C. EEO-1 REPORT:** Applicable to agencies which have a contract of \$50,000 or more and have 50 or more employees.

**ACTION** - An EEO-1 report is to be submitted annually on or before March 31 to the Joint Reporting Committee, P.O. Box 1480, Arlington, Virginia, 22210 (Tel: 703-841-9620); a copy must be sent to the County Contract Compliance Auditor. Form is enclosed for your use if applicable.

- D. EQUAL OPPORTUNITY POLICY STATEMENT:** Applicable to all agencies.

**ACTION** - Sign and post copies on bulletin boards in each facility.

- E. EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE:** Applicable to all agencies.

**ACTION** - Post one in each facility.

- F. EQUAL OPPORTUNITY CLAUSES:** Attached are the equal opportunity clauses by which all contract agencies must abide.

## EQUAL OPPORTUNITY CLAUSES

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### **AFFIRMATIVE ACTION IN EMPLOYMENT**

#### **A. Pursuant to Executive Order 11246, CFR Title 41, Chapter 60**

During the performance of this contract, the contractor agrees as follows:

1. The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or age. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to the above-named characteristics. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms compensation, and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
2. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to the above-named characteristics.
3. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided by the agency contracting officer, advising the labor union or worker's representative of the contractor's commitments under section 202 of Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 (1c) and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c).
5. The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations and orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c) and will permit access to his books, records, and accounts by the contracting agency and the Milwaukee County Contract Compliance Program Auditor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

6. In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further County contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 and such other sanctions as may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulations, or order of the Secretary of Labor, and/or County Ordinance Section 56.17.
7. The contractor will include the provisions of paragraphs 1 through 7 in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, and/or County Ordinance Section 56.17 (1c) so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as may be directed by the Secretary of Labor or the County Contracting Official as a means of enforcing such provisions including sanctions for noncompliance.

**B. Pursuant to Section 503 or the Rehabilitation Act of 1973 (Handicapped Workers)**

1. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment or otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
2. The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Rehabilitation Act of 1973 and/or County Ordinances Section 56.17 (1c).
3. In the event of the contractor's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Act and/or County Ordinances Section 56.17 (1c).
4. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Director, provided by or through the contracting officer. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.
5. The contractor will notify each labor union or representative of worker with which it has a collective bargaining agreement or other contract

understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1974, and/or County Ordinances Section 56.17 (1c) and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.

6. The contractor will include the provisions of this clause in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary issued pursuant to action 503 of the Act, and/or County Ordinances Section 56.17 (1c), so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs and the Milwaukee County Contracting Official may direct to enforce such provisions, including action for noncompliance.

**YEAR 2005 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE  
FOR MILWAUKEE COUNTY CONTRACTS**

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify).(Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

**Non-Discrimination**

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

**Affirmative Action Program**

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the fore stated requirements, it shall be his responsibility to show that he has met all such requirements.

**Non-Segregated Facilities**

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

**Subcontractors**

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non-segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

**Reporting Requirement**

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

**Affirmative Action Plan**

VENDOR certifies that, if it has 10 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed., indicate where filed \_\_\_\_\_ and the year covered \_\_\_\_\_.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

**Employees**

VENDOR certifies that it has (No. of Employees) \_\_\_\_\_ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_ employees in total.

**Compliance**

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_\_\_ day of, 20\_\_\_\_ by: Firm Name \_\_\_\_\_

By: \_\_\_\_\_ Address \_\_\_\_\_  
(Signature)

\_\_\_\_\_ (Title) City/State/Zip \_\_\_\_\_

**Item #12b**



YEAR 2005 EQUAL OPPORTUNITY POLICY

\_\_\_\_\_ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

**EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

\_\_\_\_\_ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

**SERVICE DELIVERY - CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. \_\_\_\_\_ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of \_\_\_\_\_ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery \_\_\_\_\_ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery should be discussed with Ms./Mr. \_\_\_\_\_. Ms./Mr. \_\_\_\_\_ may be reached during weekdays at \_\_\_\_\_

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

\_\_\_\_\_  
(Director or Chief Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**This Policy Statement must be posted in a conspicuous location.**

## EXHIBIT E: CIVIL RIGHTS COMPLIANCE PLAN REQUIREMENTS AND REFERENCES

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**The purpose of this Civil Rights Compliance Plan (CRCP) Booklet is to explain the civil rights compliance requirements for profit and non-profit entities (agencies and organizations) wishing to file an application as part of the 2005 Milwaukee County Department of Health and Human Services (DHHS) Request For Proposal (RFP) process. These requirements relate to Equal Opportunity (EO), Affirmative Action (AA) and Limited English Proficiency (LEP).**

Consistent with the requirements of the U. S. Department of Health and Human Services, the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency Plans. Entities are also required to include a Uniform Resource Locator (URL) that will provide direct access to CRCPs on the DWD or DHFS Internet Website.

In accordance with the State DWD and the DHFS under the requirements of the US Departments of Health and Human Services and Agriculture, a blank copy of the *CRCP for Profit and Non-Profit Entities* subtitled Affirmative Action, Equal Opportunity and Limited English Proficiency Plan, is available at:  
[http://www.dwd.state.wi.us/dws/civil\\_rights/cr0406/cr\\_plans.htm](http://www.dwd.state.wi.us/dws/civil_rights/cr0406/cr_plans.htm).

To access documents in a different format, please contact DWD at (608) 264-9820 or [mooreel@dwd.state.wi.us](mailto:mooreel@dwd.state.wi.us). Instructions are also available. If you have questions about the form you may contact Mr. David Duran, Civil Rights Compliance Officer of the DHFS Division of Management and Technology at (608) 266-9372, TTY (608) 266-2555 or [durand@dhfs.state.wi.us](mailto:durand@dhfs.state.wi.us), or William A. "Bill" Franks, Jr., Equal Opportunity Officer, DWD Division of Workforce Solutions at (608) 266-6889 or TTY (608) 864-4585.

For entities with 25 or more employees or \$25,000 worth of business funded by DWD or DHFS, a hard copy and electronic copy have to be on file with DWD and DHFS.

A hard copy of the CRCP Plan is due with your application

**The following attachments must be included with a copy of your CRCP Plan:**

- **Attachment 1 - the AA policy\*;**
- **Attachment 2 - up to three State Department of Administration forms related to Affirmative Action as required;**
- **Attachment 3 – the EO policy**

**\*Note:** The Wisconsin Office of Contract Compliance maintains a database that shows which entities have eligible and ineligible AA information on file.

Effective January 1, 2005 entities under a contract or agreement with the DHHS will be subject to audit for any and all items included in the Plan or attachments and/or a Letter of Assurance. The *Milwaukee County Department of Health and Human Services Administrative Probation Policy for Noncompliance with Contract and Fee-for-Service Requirements* is incorporated herein by reference and made a part of any contractual relationship with the DHHS. Entities that are not in compliance with the requirements of the CRCP Plan will be subject to the sanctions of the above policy.

It is the intention of the State Civil Rights Compliance Officer to post CRCP Plan acceptances and rejections on the DHFS and DWD websites later in the year. Please see the Plan instructions or contact the above noted State officials if you have any questions about the Plan itself. Some critical points of information are noted below.

1. Specify the funding source(s) of programs and services in the CRCP Plan related to your application.
2. Entities are required to disseminate AA/EO/LEP policies as listed in their Plan.
3. Entities are required to measure the LEP 5% Safe Harbors and thresholds reflected in the 2003 or January-June 2004 CRCP Plan with DHHS or a 2005 estimate if your agency did not have a contract in 2003 or 2004. The information must include the number and the percentage of disabled clients and persons who required, and were provided, translation services.
4. The DHHS is acting as equal opportunity (EO) and LEP liaison between the entity (contractor/provider), DWD or DHFS, and recipients or sub-recipients of federal financial participation as well as the community.
5. Entities are required to use the DWD/DHFS model discrimination Complaint Forms and Process, which is provided in Attachment 5 of this plan or Attachment 3 in the municipal version, including the translations required in accordance with the LEP Plan for vital documents.
6. The complaint resolution procedure, including the name, address and phone number of the complaint investigator, must be publicly posted in language(s) understood by customers, and must be in a format(s) accessible to persons with visual or hearing impairments.
7. All participants in complaint investigations are protected from retaliation.
8. Entities are required to acknowledge complaints received within 5 calendar days, including appeal rights. If extensions are needed, entities shall notify the complainant.
9. Entities are required to provide results of the complaint investigation to the complainant within 90 days of receipt of the complaint along with appropriate appeal rights.
10. Complaints must be filed within 180 days from the alleged discriminatory act, though filing times may be extended if deemed necessary by the DHHS.
11. Customers are permitted to have representatives of their choice during the complaint process.
12. Customer and Employee complainants are made aware of other avenues of redress for discrimination in service delivery or employment conditions.
13. Entities are required to maintain records of the service delivery and employment evaluation practices and process and make those records available to monitoring/audit staff.

14. Entities are required to review and summarize data on customers served within programs, services or activities.
15. Entities are required to assess representation by members of protected classes for boards, councils, volunteers and sub-grantees.
16. Entities are required to maintain files and reports of all complaints by name, address, date, nature, and investigation status.
17. Entities are required to utilize the DWD/DHFS model LEP Policy that is provided in Attachment 4 of the CRCP Plan, or Attachment 2 of the municipal plan, including the translations as required in accordance with the LEP Plan for vital documents.
18. Policies must be available in alternative formats upon request.
19. Entities are required to implement procedures for the resolution of complaints regarding language assistance.
20. Entities are required to utilize EO discrimination complaint grievance procedures for alleged discrimination complaints and/or grievances involving language access.
21. Entities falling beneath the funding or employment criteria mentioned above are required to sign and return Attachment 6 of the CRCP Plan, or Attachment 4 of the municipal plan - the DWD and DHFS Letter of Assurance for Civil Rights Compliance.
22. Entities are required to retain LEP information as part of their database.
23. Entities are required to develop and maintain subcontracts in accordance with DWD and DHFS contract requirements.
24. Subcontractors are required to incorporate State AA/EO/LEP language into subcontracts.
25. Entities are required to review and approve subcontractors' plans in accordance with the requirements of subcontract time periods, and monitor subcontractor compliance.
26. Entities are required to investigate all employee, subcontractor, applicant and participant CRCP Plan complaints.
27. Entities are required to provide training, tools and technical assistance to subcontractors.

Contract Administration/hf 6/04

<b>MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION</b>	
<b>Service Access to Independent Living program</b>	
9455 W. Watertown Plank Road Milwaukee, WI 53226	ph: (414) 257-8095 fax: (414) 454-4242

**Landlord / Housing Subsidy Information Page**

Provider Name \_\_\_\_\_  
 Provider # (if known) \_\_\_\_\_ Site # (Mental Health only) \_\_\_\_\_  
 Federal Employee Identification (FEI) # \_\_\_\_\_

Contact Person _____
Provider Address _____
Provider Address (line 2) _____
City _____ Zip _____
Telephone _____ Fax _____
Email _____

Services for:

- Mentally Ill Clients
- AODA Clients
- Both Mentally Ill and AODA Clients

Services to Offer:

- Landlords (SC2037-Housing Subsidy and SC2038-Security Deposit)

<b>MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION</b>	
<b>Service Access to Independent Living program</b>	
9455 W. Watertown Plank Road	ph: (414) 257-8095
Milwaukee, WI 53226	fax: (414) 454-4242

**Housing Profile Worksheet**

Please complete one worksheet for each proposed housing location

Provider Name \_\_\_\_\_

Housing Location \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

How many individuals can be served at this proposed location? \_\_\_\_\_

What is the square footage of this location? \_\_\_\_\_

What is the occupancy per room? \_\_\_\_\_ Single occupancy \_\_\_\_\_ Double occupancy

Is the location handicap accessible? Y N

Are appliances included at the location? Y N

Does the location come furnished? Y N

If yes, please list specific furnishings \_\_\_\_\_

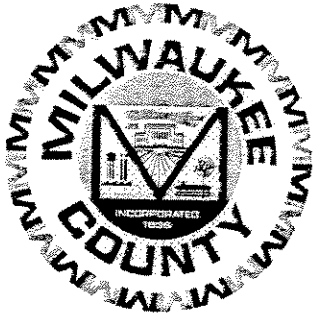
\_\_\_\_\_  
 \_\_\_\_\_

Will your agency allow participants to take psychotropic medications while staying at this location? Y N

Please indicate the population your agency is interested in housing (check all that apply):

- |                      |                |                     |
|----------------------|----------------|---------------------|
| _____ Corrections    | _____ AODA     | _____ Mental Health |
| _____ Dual Diagnosis | _____ Families | _____ Elderly       |

I understand that Milwaukee County will not be held liable for any damage to a residence by a participant in this program. Please have a provider officer sign here if you have read and understand this statement. \_\_\_\_\_



DEPARTMENT OF ADMINISTRATIVE SERVICES  
DIVISION OF FISCAL AFFAIRS

# MILWAUKEE COUNTY

Date: \_\_\_\_\_

Vendor Name \_\_\_\_\_  
and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference: Vendor No. \_\_\_\_\_

Dear Vendor:

The Internal Revenue Service requires us to submit informational returns for certain types of payments to vendors. In order to comply with the IRS regulations and to avoid any penalties, we will need the following information for our files. Failure to provide this information will result in back-up withholding.

If you are providing a federal identification number, you must provide the legal name assigned to that number. If you provide a social security number, you must also provide your individual name, not just the name of your business. The name and the Tax ID number must match what is on record at the IRS.

Federal Tax ID # \_\_\_\_\_ Legal Name \_\_\_\_\_  
OR  
Social Security # \_\_\_\_\_ Individual Name \_\_\_\_\_

Type of Business:

\_\_\_\_\_ Corporation  
\_\_\_\_\_ Corporation (provider of medical & healthcare services/supplies)  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Individual Proprietorship  
\_\_\_\_\_ Sub-chapter S Corporation  
\_\_\_\_\_ Service Corporation  
\_\_\_\_\_ Non-Profit  
\_\_\_\_\_ Government  
\_\_\_\_\_ Other (please specify)  
\_\_\_\_\_  
\_\_\_\_\_

Please return this completed form within ten days to:

Milwaukee County  
Accounts Payable - Rm 301  
901 North 9th Street  
Milwaukee, WI 53233

Accounts Payable Manager

COURTHOUSE ROOM 301 • 901 NORTH 9TH STREET • MILWAUKEE, WISCONSIN 53233 • TELEPHONE 278-4194

Linda Seemeyer, Director  
Department of Administrative Services

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									

**or**

<b>Employer identification number</b>									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
- 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
- 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov/online/ss-5.pdf](http://www.socialsecurity.gov/online/ss-5.pdf). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses/](http://www.irs.gov/businesses/) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.