## **Maintaining Home Providers**

## Introduction

The Home Provider record relates to foster homes, adoptive homes, Kinship homes, and non-relative (unlicensed and respite) homes. The responsibility for the management of each Home Provider that is not a Level 3, Level 4, or Level 5 Foster Home is allocated to a specific county - referred to as the Designated County. Initially, the county of the worker creating the provider record (who screened in the Home Inquiry), is identified as the Designated County. The Designated County can be changed via the Home Provider page (see the associated Change a Designated County User Guide). The Designated County may differ from the Home Provider's physical county location (which is noted as the County of Residence).

Workers of the Home Provider's Designated County manage all aspects of the Home Provider record, including licensing, addition of service types, address changes, and change of the Designated County. Workers from the Designated County are able to select and add service category and types for other counties to Home Provider records. Although workers from other counties may have open assignments to a Home Provider record, their ability to create work for the Home Provider is limited.

Level 3, Level 4, and Level 5 Foster Homes are not subject to the Designated County rules. These providers are created and managed by MAXIMUS and those county workers who have security rights to create and maintain level 3-5 foster home providers, regardless of the worker's county or the provider's Designated County. Security is granted when the Create/Maintain FH Certification Levels 3 and 4 and/or Create/Maintain FH Certification Level 5 checkbox is checked on the worker's user group. Workers without Level 3, 4 or 5 Foster Home securities have limited access to foster home providers and foster home licenses for level 3, 4, or 5 homes.

## Home Provider Page

The Home Provider page can be accessed by selecting the provider <u>name</u> hyperlink or through the Create Provider Work page.

Provider details:	Provider address:	Primary worker/licensor:	Actions:
Foster Home Level 2	123 Main Street	Cake, Caitlin M., III	Please select an action 🗸
License status: Active-Regular	Milwaukee, WI 52124 (Milwaukee County)	(123) 456-7890 Ext. 1234	
Des: Milwaukee	(608) 266-5642	caitlin.cake@wisconsin.gov	
View provider information	on		
Provider, Foster (9221762)			
Provider details:	Provider address:	Primary worker/licensor:	Actions:
Foster Home	111 Main	Cake, Caitlin M., III	Please select an action
		(400) 450 7000 5-4 4004	
License status: Not Licensed	Dairyland, WI 54830 (Brown County)	(123) 456-7890 Ext. 1234	

1. From your desktop, go to the Provider tab and click the Create Provider Work hyperlink

Create provider work or select Create Provider Work from the Actions drop-down next to the specific provider to open the Create Provider Work page.

 On the Create Provider Work page, select the 'Maintain Provider' value from the Maintenance drop-down box in the Create Provider Items group box. If this page was launched from the desktop <u>Create</u> <u>Provider Work</u> hyperlink, a provider will need to be selected. Clicking the Create button will open the Home Provider page.

Create Provider Work - Internet Explore				
eWiSACWIS	Pri	nt 🖨	He	lp 🖯
Create Provider Items	Providers			
Administrative	<ul> <li>Adesso, Anna (9221457)</li> <li>Ahrens, Rose (9221215)</li> <li>Amundson, Sherry-Lynn (9221463)</li> <li>Antoniewicz, Katie (9221596)</li> <li>Balderaz, Christina (9221351)</li> </ul>			
License	<ul> <li>Barry, Kathleen (9222605)</li> <li>Batzler, Lois (9221693)</li> <li>Bennin, Sarah (9221456)</li> <li>Bing, Barbarra (9221491)</li> <li>Bird, Larry (9221016)</li> </ul>			
Maintenance Maintain Provi	Borud, Rebecca (9222205) Bowman, Joan (8011672) Brendel, Debbie (8058592)			
Narrative     Payment	<ul> <li>Bretz, Jennifer (8084793)</li> <li>Brian Schaefer (8042370)</li> <li>Brickner, Angela (8013468)</li> <li>Brooks, Rebecca (8044910)</li> <li>Brown, Krista (8047820)</li> </ul>			
Unlicensed Complaint	► Brown, LeRoy (9221465)			

Actions:

Please select an action -

Create Assignment

Create Provider Note

Create Provider Work

Provider Note Criteria Search

Imaging Search

View Tasks

- 3. The Basic group box on the Home Provider page will pre-fill with the provider's name and provider number, Open Date, and Status. The Type and Lcns. Type are user selected drop-down values. The Lcns. Agency field is an AJAX enabled field. Begin typing any part of the agency (based on the option chosen in the Lcns. Type field) and eWiSACWIS will attempt to find a match. The more letters you type the more narrow the selection becomes. If you have the appropriate security, the Restricted Provider checkbox is enabled.
- 4. The first tab is the Home tab. The Home Information group box will pre-fill with demographics of Parent 1 from the Home Inquiry page (or the Create Physical Address page if the information has been updated). If Parent 1 is enrolled in the Safe at Home program and has an open Safe at Home address documented, the Primary Residence – Safe at Home and Actual Physical Address – Do Not Release labels display.

- 5. In the Additional Information group box, Marital Status, Primary Language, and Designated County are user selected drop-down values. The Parent Agency field is pre-filled from the Parent Agency History page, which will be explained later in this guide. If the Parent Agency is different than the provider (mostly used for Level 3, Level 4, and Level 5 Foster Homes), the <u>Parent Agency</u> will appear as a hyperlink. This hyperlink will open the associated Parent Agency's Private provider page. 1099, FEIN, SSN, N/A are user entered check boxes and radio buttons. The 'Management/Staffing Agency' field is to account for Level 5 foster homes that have a management/staffing agency, maintenance payments will now be sent to the management/staffing agency identified on the provider record.
- 6. The Emergency Contact Information group box is user entered.
- 7. The Additional Contact Information group box is pre-filled from the Person Management page. It contains Parent 1, Parent 2, and any licensee's information.
- 8. The County Provider ID group box allows the county to enter its internal provider ID number by selecting Insert. The Payee Name Type defaults to Parent 1 but can be updated. Once the Payee Name Type is chosen, the Payee Name Format can be chosen. The <u>Delete</u> hyperlink will allow the county provider name and ID to be deleted.
- 9. The Electronic Funds Transfer expando is not available for county use at this time.

遵 Home Provider - Internet Explorer			-	
eWiSACWIS			Print	🚔 Help 🛛
Basic				
Name: Home Provider (9221447)	Open Date: 12/07/2006 Type:	Foster Home	Status: Open	
Lcns. Type: DMCPS	Lcns. Agency: BM	MCW - CSSW	Restri	cted Provider
<u>H</u> ome Mem <u>b</u> ers	Characteristics	Ser <u>v</u> ices Trainin	g License ( <u>A</u> ctivity	Closing History
Home Information				^
Parent 1: Provider, Home		Parent 2: Provider, Male	2	
Primary Residence - Safe at Home				
C/O:				
Street: PO Box 7188	Olaha 14/1 7/20 50707 74	Household ID: 6		
City: Madison		88 County of Residence: Da		
Home:	Ext: Work:	Ext:	Fax:	
E-mail:	School	District: Oconto Falls Public Sch	h Dist - 4074	
Actual Physical Address - Do Not Re	10000			
C/O:	lease			
Street:	Apt:			
City:	State: WI Zip:	County of Residence:	Country: United States	
Additional Information				
Marital Status: Married Couple	Primary Language:	English V De	esignated County: Milwaukee	~
Parent Agency: Home Provider (922	1447)	● n/a ○ ssn ⊂	FEIN	
Management/Staffing Agency:		<u>Se</u>	earch	

Emergency Contact Informati	on			
Name:	Phone:	Name: Ext:	Phone:	
Additional Contact Informatio	n			
Parent 1: <u>Provider, Home</u>	Cell:	Work:	Email:	
Parent 2: Provider, Male	Cell:	Work:	Email:	
County Provider ID				
				Insert
Electronic Funds Transfer				EFT Save Close
Foster Family Support Plan Foster Family Support Plan Adoptive Family Support Pla				

- 10. Under the Options drop-down, you are able to maintain the Parent Agency History and Provider Repayment Method. Under Text are the Foster Family Support Plan Eval/Revision, Foster Family Support Plan, and Adoptive Family Support Plan templates. Select Parent Agency History under Options and Go to open the Parent Agency History page.
- 11. On the Parent Agency History page, the provider name will appear as the Parent Agency (unless a parent agency was selected on the Home Inquiry). By selecting Insert and searching out the Parent Agency, the Parent History pop-up page will allow you to add or maintain the Parent Agency History. Select Continue and Close to return to Home tab of the Home Provider page.
  - **Note:** Since the parent agency is directly related to provider payments, changing the Parent Agency will close all open placements with the provider as of the Start Date of the new Parent Agency. It will be necessary to re-create any open placement with the provider so that the payments continue and the child's placement history is accurate.

arent Agency History					Print 🖨 🛛 Hel	lp 🤋
Home Provider Informa	tion					
Provider Name: Home Prov	Provider ID: 92	21447				
Parent Agency History						
Derent Ageney ID	Derent Agency Name		Start Data	End Data	Data Entared	Admin
Parent Agency ID	Parent Agency Name		Start Date	End Date	Date Entered	Admin Rates
9221447	Home Provider		12/07/2006	00/00/0000	12/07/2006	
					Inser	
						Con <u>t</u> inue <u>C</u> l

- 12. On the Home tab of the Home Provider page, select Provider Repayment Method from the Options drop-down and click Go. The Provider Repayment Method is used to specify the method used to recoup any overpayments made to this provider. The Provider Repayment Method pop-up page appears. The county field is the county that is collecting an overpayment. Select from one of the three options for recovering the overpayment:
  - a. Reduce by Individual Overpayments This option indicates that the repayment method for this provider/county is being handled at the individual overpayment level.
  - b. Reduce by All Overpayments designates that the total of all overpayments made to this provider in this county should be removed from the provider's next check from this county.
  - c. Reduce Future Payments by... designates that the amount entered in the Monthly Amount field should be removed from the provider's next check from this county.

Provider Repayment Method	Print 🖨	Help 🕄
County: Milwaukee  Maximum Estimated Reduction Amount: \$0.00		
Repayment Method		
O Reduce by Individual Overpayments		
O Reduce by All Overpayments		
Reduce Future Payments by Monthly Amount: \$0.00		
		Save Close

- 13. Click Save and Close to return to the Home tab of the Home Provider page.
- 14. The Members tab displays information regarding members living in the home. This information pre-fills from Home Inquiry page. The <u>Name</u> is a hyperlink, which if clicked on, will take you to the member's Person Management page. If a person in the home is receiving care from Parent 1 and/or Parent 2 then the 'Yes' radio button in the 'Receiving Care' column should be selected. When a person under the age of 18 is added as a Member to the Home Provider record, the 'Yes' radio button in the 'Receiving Care' column is automatically selected. Select a role from the 'Role' drop-down. The applicant(s) must be identified as Parent 1 and/or Parent 2. Workers from the Designated County can deactivate, remove, or insert members to the record by selecting the respective hyperlinks or Insert button. Workers that have an assignment to the provider, but are not from the Designated County can insert and delete rows in the Adult Son(s) and Daughter(s) Not Residing in the Home, Others Frequently in the Home, and Extended Family Members group boxes. See the Person Management User Guide for further details.
  - **Note:** After the foster parent(s) adopt a child, a new person record needs to be created for the child.
- 15. The Children in Placement group box displays information about children who are currently documented in an open Out of Home Placement with this provider, as well as children document in an open voluntary kinship Service.
- 16. The Clients Under Age 2 group box documents children under the age of 2 who are members of the family, Placements, and Reservations.
- 17. The Adult Son(s) and Daughter(s) Not Residing in the Home group box documents adult sons and daughters of the provider who do not reside in the home. The Name, Age, Relationship, and Receiving Care fields are required. The '<u>Delete</u>' hyperlink and 'Insert' button can be used to add or remove any adult sons and daughters documented.

18. The Others Frequently in the Home group box documents others who may or may not be related, February 2021

but are frequently in the home. The '<u>Delete'</u> hyperlink and 'Insert' button can be used to add or remove any others frequently in the home documented.

19. The Extended Family Members group boxes are used to document any prominent extended family members. The Name and Location, Age, Relationship, Frequency of Contact, and Source of Supportive Relationship fields are required. However, if the extended family member has a Date of Death (DOD) then the Location and Frequency of Contact fields are not required. The 'Delete' hyperlink and 'Insert' button can be used to add or remove extended family members.

**Note:** Items 14-17 displayed in screenshot below.

🥑 Home Provid	er - Internet Expl	orer								— C	נ	×
eWiSA(	CWIS									Print 🖨	Help	0
Basic												
Name: Fema	ale Provider (922	21778)	Open Date:	03/29/2012	Type: Fos	ter Home		~	Status: Open			
Lcns. Type:	BMCW	~	Lons. Agency:	BMCW - C	W22				Restricted Provider			
cono. Typo.	DINICIV	·	Long. Agency.	- Divicity - C	5511							
<u>H</u> ome		Mem <u>b</u> ers	Cha	urac <u>t</u> eristics	Se	r <u>v</u> ices	Traini	ing	License <u>A</u> ctivity	C <u>l</u> osing H	listory	
Home Mem	bers											^
Name		Status	Gender	DOB	Age	Receiving Ca	are	Role				
Provider, F	emale	Active	Female	03/29/1977	42	⊖Yes ●N	o	Parent 1	~	Deactiv Remove		
Provider, N	<u>fale</u>	Active	Male	01/01/1950	69	⊖Yes ◉N	0	Parent 2		<u>Deactiv</u> Remove		
									Insert			
Children in	Placement											
Name		Gender	DOB	Age	Placement S	ervice						
Casey Carro	ot	Female	02/04/2006	13	Foster Home							
Annie M. Ar		Female	10/09/2005	14	Foster Home							
						(,						
Clients Und	der Age 2											
Members:	0		Placements:	0		Reservations:	0					
Adult Son(s	s) and Daugh	ter(s) Not Re	esiding in th	e Home								
Name			DOB	Age	DOD	Relationship	)	Receiving (	Care			
									Insert			
									Save	e <u>C</u> lose		Y

20. The Characteristics tab of the Home Provider page will allow you to record information that assists the user when making placement decisions for a child. In the Family Accepts group box, you can select one or multiple Possible Values by using the CTRL key on the keyboard and selecting the Add button. This will move the selected values to the Selected Values Box. The same process is used to remove Selected Values and using the Remove button. Follow the same procedure for the Other Family Characteristics group box.

Note: These are items used in the Geographic Placement Resource (GPR) address mapping tool.

	Explorer					- D >
<i>'iSACWIS</i>					F	Print 🖨 🛛 Help 🍕
ISIC						
ame: Home Provider (	9221447) Open Date	: 12/07/2006 Type:	Foster Home		Status: Open	
cns. ype: BMCW	Lcns. Age	BMCW - CSS	W		Restricted Pro	ovider
<u>H</u> ome	Mem <u>b</u> ers Ch	arac <u>t</u> eristics	Ser <u>v</u> ices	Training	License <u>A</u> ctivity	Closing History
d down the "Ctrl" key fo	r multi-selection					
amily Accepts						
Possible Values			Sel	ected Values		
AIDS infection or HI AODA At least one parent s Attachment Autism Behavioral difficultie Bilingual capacity Child-specific Chronic school issue Cognitive delays	stays home		<u>A</u> dd x > dd A <u>I</u> I Values >> < <u>R</u> emove << Re <u>m</u> ove All			
ther Family Charac	teristics					
Possible Values			Sel	ected Values		
Adventist Advocate for Child in Agnostic Amish Apnea trained Apostolic Christian Bad River Baptist	n Treatment	Â	Add <u>x</u> > dd All Val <u>u</u> es >> < R <u>e</u> move			

- 21. The Services tab maintains current information about the specific services offered by a Home Provider.
  - a. The Provider Preferences group box is user entered. The total of Males Preferred and Female Preferred cannot exceed the Total Bed Capacity. When the Total Bed Capacity is entered in the Provider Details group box, it will pre-fill the Males Preferred and Female Preferred fields. The Total Bed Capacity documents the number of children the provider is licensed to accept.
  - b. In the Provider Details group box, the Capacity documents the number of children the provider is licensed to accept, and the Placements and Reservations boxes are system entered. Finally, you see how many vacancies are available in designated beds at the provider (by males, by females, and the total).

22. The Services Specifics group box shows active services for the Home Provider in two formats:

- a. By selecting the county specific radio button, the worker will only see unlicensed and licensed services for the selected county. The County column is not visible in the Services Specifics group box. In this view, the <u>Edit Unlicensed Services</u> hyperlink is available and located to the right of the county specific radio button. When selecting this link, the Edit Unlicensed Services page opens and allows the worker to add/update unlicensed services.
- b. When selecting the All Counties radio button, services associated with the provider from every county are displayed in the Services Specifics group box. The County column heading is visible for unlicensed and licensed services.

Licensed services can be viewed from the Services tab for both Designated and non-Designated counties. However, the statuses and capacities for these services cannot be updated by the worker on this tab. These updates are conducted on the Home Provider License. Only Designated County workers will be able to update licensed service information. Consequently, if workers from a non-Designated County want licensed services added/maintained, they must contact the appropriate worker from the provider's designated county. The worker from the provider's Designated County would then make the needed service changes on the license, as appropriate.

<i>e</i> Home Provider - Internet Explorer				_	
eWiSACWIS				Print 🖨	Help 🖯
Basic					
Name: Home Provider (9221447)	Open Date: 12/07/2006 Type	E Foster Home	✓ Statu	is: Open	
Lcns. Type: BMCW 🗸	Lons. Agency: BMCW - CSS	3W		Restricted Provider	
<u>H</u> ome Mem <u>b</u> ers	Charac <u>t</u> eristics	Ser <u>v</u> ices	Training Licens	e <u>A</u> ctivity C <u>l</u> os	ing History
Services Specifics					^
	<ul> <li>All Counties</li> </ul>	Milwaukee	Edit Unlicensed Ser	vices	
Active Unlicensed Services	5				
Category		Туре		Status	
Active Licensed Services					
Category		Туре		Status	
					~
				<u>S</u> ave	lose

- 23. To add an unlicensed service, select the <u>Edit Unlicensed Services</u> hyperlink. This will open the Edit Unlicensed Services page.
- 24. The Provider Name and ID, Total Bed Capacity, and County will pre-fill. The Unlicensed Services group box contains the Category, Type, and Status. Select the appropriate values from the drop-downs. Remember to change the Status to Active. The <u>Delete</u> hyperlink will allow the row to be deleted from the record. Click Save and Close.

Edit Unlicensed Services			Print 🚔 Help 😡
Provider Name: Provider, Home (9221447)	Total B	ed Capacity: 4	County: Milwaukee
Unlicensed Services			
Category	Туре	Status	View Inactive Values
AODA Day Treatment	~	Inactive V Delete	
AODA outpatient AODA Residential Assessment / Stabilization Placement Correctional Facility (OHP) Correctional Facility (Service) Court Ordered In-Home Court Ordered Supervision FH: Extraordinary - Progentle Costs FH: Extraordinary - Progentle Costs FH: Extraordinary - Progentle & Mileage GH - A Promise of Hope for Mothers GH - Aduthood's Path II GH - Anders Develop & Transitional Home GH - Atach'd Tomorrow's Generation GH - ATL's Empowerment Facility GH - Beginnings GH - Bellas GH - Bellas GH - Butterflies Home for Teen Girls GH - Butterflies Home for Teen Moms GH - Crossroads To Independence GH - Deland Receiving Home GH - Eyes Wide Open Seeing Beyond Today GH - Family & Childrens Center			Inset

- 25. Training information is no longer entered in eWiSACWIS and should be entered in PDS Online. However, historical training information may appear on the Training tab.
- 26. The next tab is the License Activity tab. This tab provides a quick view of any applications and licenses the provider is associated with. The Application Activity group box will display any applications the provider had that were denied or withdrawn. This group box will also display any pending applications. Clicking on the hyperlink in the Decision column (Create License in the example below) will open the Licensing page. You can also click on each of the column headings (Application Status, Application Type, Date Application Provided to Family, Date Completed Application Received, Decision, or Decision Date) to sort the display.
- 27. The License Activity group box displays all licenses the provider has been issued. Clicking on the License Type – Certification Level hyperlink will open the Licensing page. You can also click on the column headings (Effective From, Effective To, License Type - Certification Level, License Status, or Designated County) to sort the display.

Home Provider - Internet	t Explorer					- 0
WiSACWIS						Print 🖨 Help
Basic						
Name: Home Provider	(9221447)	Open Date:	12/07/2006 Type: F	Foster Home	✓ Status	: Open
Lcns. Type: BMCW	~	Lcns. Agency	BMCW - CSSW			estricted Provider
<u>H</u> ome	Mem <u>b</u> ers	Char	ac <u>t</u> eristics S	er <u>v</u> ices Trai	nin <u>a</u> License	Activity Closing Histor
Application Activity						
Application Status	Application	Туре	Date Application Provided to Family	Date Completed Application Received	Decision 🛎	Decision Date
Initial	Foster Care	•	10/24/2012	11/14/2012	Create License	12/19/2012
License Activity						
Effective From	Effective To		License Type - Certific	ation Level	License Status	Designated County
12/19/2012	06/03/2013		Foster Care - DCF 56	- Level 2	Modify	Milwaukee

28. The final tab is the Closing History tab. To close the provider record, click the Insert button in the Provider History group box. The Open Date will pre-fill based upon when the provider record was opened or reopened. The Closed Date will pre-fill when the closure has been accepted. The Reason drop-down is a user-selected field. The Completed checkbox allows the user to submit the provider for closure. If this checkbox is not checked, the provider record will remain open and the closure denial messages will not be validated. The Closed By field will pre-fill with the name of the worker who completed and saved the closure.

To complete the closure process, click the Completed checkbox and click Save. If the provider is denied closure, see the Closure Denial Messages. Once all messages have been corrected, click the Completed checkbox and click Save. Verify there are no other denial messages. If the page has become frozen, the closure was successful. If the page is enabled, view the closure denial messages and fix the errors. See the associated Closing a Provider Record User Guide for additional information.

Finally, any provider records identified as duplicates to this provider appear in the Linked Providers group box at the bottom of the page.

遵 Home Provider - Internet Exp	plorer							-		×
eWiSACWIS								Print 🖨	Help	•
Basic										
Name: Home Provider (92)	21447) Open Date:	12/07/2006 Type:	Foster H	ome		~	Status: Open			
Lcns. Type: BMCW	✓ Lcns. Agend	BMCW - CSSW					Restricted Pro	vider		
Home	Mem <u>b</u> ers Cha	aracteristics	Services	5	Traini	ng	License <u>A</u> ctivity	Closi	ng Histo	ry
Provider History	Change in lifestyle									^
Open Date Closed Date	Deceased Following an allegation Indicated a lack of supp Lack of appropriate ma	oort tches or placements av	vailable		Completed	Closed By	/			
12/07/2006	License - Denial/Revok Moved from area Other, documented on	provider note						Del	ete	
Closure Denial Mess	Provider no longer offering services Requirements not satisfied Went to another agency									
Linked Providers										
Open Date	Completed Date	Provider Name					Provider Number			
02/07/2014	06/23/2020	Provider, Home					<u>9221845</u>	<u>S</u> ave <u>C</u> lo	se	~