

## SECOND WIND FUND

Has a mission to decrease the incidence of suicide in youth by removing financial and social barriers to treatment.

## ELIGIBILITY

To be considered for a referral by Second Wind Fund, the child or youth must be:

- 19-years-old or younger
- Experiencing financial or social barriers to accessing therapy
- At Risk for Suicide
- New to Second Wind Fund (has not utilized covered sessions from SWF before)

## WAYS WE CAN HELP

1. SWF covers the cost of 12-20 sessions of therapy with a SWF network provider.
  - Youth initially receive 12 covered sessions.
  - Extensions (up to 8 additional sessions) can be approved if needed.
  - This includes youth insured through Medicaid.
2. Provide navigation assistance for youth who are not looking for financial assistance and need help connecting to a provider who accepts their insurance.

## CONNECTING YOUTH TO A SWF PROVIDER

- Referrals are submitted online (by a youth-serving professional or parent/guardian/caregiver).
- The Referral Source is contacted by SWF within 48 hours with a list of potential SWF providers.
- Youth and their trusted adult or guardian call the SWF provider to get scheduled within 7 days.
- Youth and Provider determine how/when to utilize SWF services (the 12 sessions remain active until all have been used or up until the youth's 20<sup>th</sup> birthday)

## AS A PROVIDER WITH SWF

- You are a mental health provider who is fully licensed or holds a candidates license.
- You complete the Monthly Availability Check-In every month to let SWF know that you are available to take new referrals. If this is not completed, you will not be placed on provider lists for youth.
- You let SWF know if your caseload becomes full during the month so we can mark you as unavailable.
- You return the initial outreach from the youth/guardian in 24 business hours.
- You schedule SWF referrals within 7 business days from the day of outreach.
- You determine the youth's individual treatment plan; SWF only reimburses for individual therapy sessions; SWF does not need copies of notes, plans, diagnosis, etc.
  - \*If you see a youth at a school, that agreement is between the provider, the youth/family, and the school. SWF does not make arrangements on behalf of the youth or the provider.
- You talk with the SWF client and their guardians about what treatment will look like after SWF's 12 (potentially 20) sessions. (i.e., getting on waitlists, connecting with other programs, etc.)
- You submit billing using our online Claim Form within the 60-day billing policy.
- You submit the completed SWF ROI/Waiver with the first claim for each referral.
- You administer the Suicidal Ideation Questionnaire (SIQ) at session 1, 5, 12 (and 16, if an extension is granted) SWF provides these - you do not score them.

## BENEFITS FOR SWF PROVIDERS

- Get paid \$90/session, \$45/2 NS/CA, \$10/SIQ
- Give back to the community!
- Get connected to professional development events, CEU's, and consultation calls throughout the year!

## CONTACT SWF STAFF

Please contact us with any questions!



Make a Referral or Share with Guardians!





YOUTH SUICIDE PREVENTION

**AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF LIABILITY FOR SECOND WIND FUND, INC.**

I, \_\_\_\_\_, hereby authorize  
**Name of Client** (Youth) **Date of Birth of Client** (Youth)

\_\_\_\_\_  
**Name of Referral Source**  
(if applicable, i.e.: school counselor, mentor, doctor)

\_\_\_\_\_  
**Referral Source Contact Information**  
(email and or phone number)

\_\_\_\_\_  
**Name of Therapist**  
(contracted Second Wind Fund therapist)

\_\_\_\_\_  
**Therapist Contact Information**  
(email and or phone number)

The purpose of this authorization is to disclose information that is relevant to my mental health treatment to Second Wind Fund, Inc., ("SWF"). I further understand that any treatment records concerning my mental health treatment are confidential under Colorado law, and that statutory privilege prohibits confidential treatment information from being disclosed without my written consent. This release of information expires in one year following completion or termination of treatment. This authorization may be revoked at any time in writing to SWF, the referral source (i.e.: school counselor, mentor, doctor), and the therapist.

\_\_\_\_\_  
**Client (youth) Signature / Date**

\_\_\_\_\_  
**Parent Signature / Date**  
(Or Legal Guardian with decision-making authority)

\_\_\_\_\_  
**2nd Parent Signature, if required / Date**

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**WAIVER OF LIABILITY**

I, \_\_\_\_\_, waive and release any claim that I may have or that this client,  
**Name of Parent**  
(Or Legal Guardian or Client 12 years or older with decision-making authority)

\_\_\_\_\_, may have against Second Wind Fund, Inc., ("SWF") its officers and directors,  
**Name of Client** (Youth)

employees, agents, and members, the school that the client attends, the school district and all of their employees, for any negligence, claim, injury or damages whatsoever. This Waiver and Release is being made in exchange for the services which SWF will be paying for. **I understand that SWF is not providing services but funding them; and that no employee, Officer or Director of SWF will be providing services or treatment. I further understand that the treatment professionals to whom referrals may be made by SWF are independent professionals who are neither employees nor agents of SWF.**

*I am hereby informed that I should safeguard all obvious means for suicide, such as firearms, ammunition, and both prescription and over-the-counter medications.*

This Waiver is made freely and voluntarily, and I acknowledge that I have read this Waiver and understand it.

\_\_\_\_\_  
**Client (Youth) Signature / Date**

\_\_\_\_\_  
**Parent Signature / Date**  
(Or Legal Guardian with decision-making authority)

\_\_\_\_\_  
**2nd Parent Signature, if required / Date**

**After this SWF Release/Waiver form is signed, please return to SWF with your first claim and retain a copy for your files.**

Updated 3/2024

## SWF Billing Procedure

Welcome to the SWF Provider Network! The next few pages are written directions for the SWF billing procedure. Please note, all claim forms must be **submitted within 60 days** of the date you are billing us for. **Please be sure to include the SWF ROI/Waiver when billing for your first session.**

### *\*\*Disclaimer*

All claims are submitted for each referral and are broken out by month of service. This helps SWF associate which months have the highest therapy fees. Additionally, each **“Claim Detail”** indicates the type of service that was administered during the session. This means you will need to add multiple “Claim Details” for sessions that include travel, SIQs, and SWF ROI/Waiver.

Please watch this [demonstration video](#) before completing the form on your own.

### Step 1:

- Please click on the link below to access the SWF Claim Form via our secured database, Zoho.

<https://zfrmz.com/njgBx5g3451KnBumxsfM>

### Step 2:

- At the top of the page, in the first box, please input the SWF#00000.  
\*Please note, this referral number must include **SWF#**



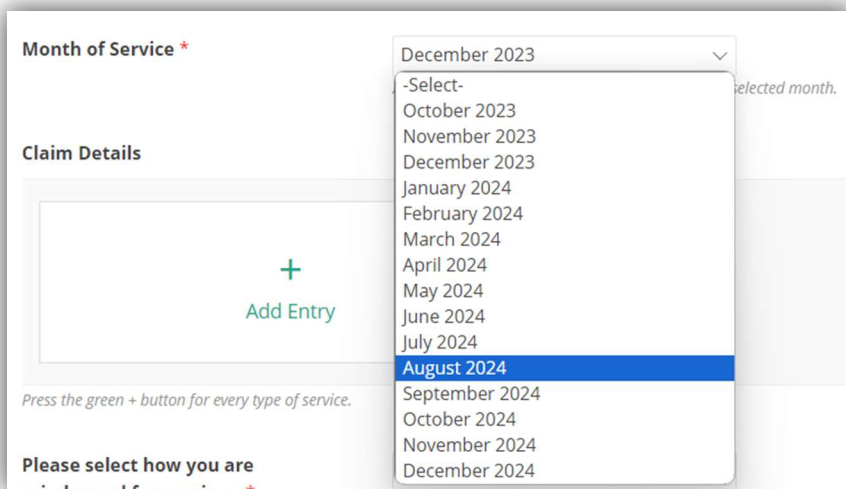
Referral Number \*

SWF#00000

Please input SWF# before typing the referral number.

### Step 3:

- Select the month of service.  
\*All sessions for each client in one month will go on **one** claim form. Please reference the video for clarification.



Month of Service \*

December 2023

-Select-

October 2023

November 2023

December 2023

January 2024

February 2024

March 2024

April 2024

May 2024

June 2024

July 2024

August 2024

September 2024

October 2024

November 2024

December 2024

Claim Details

+  
Add Entry

Press the green + button for every type of service.

Please select how you are reimbursed for services \*

**Step 4:**

- Select the green "+ Add Entry". This will populate a pop-out page.

**Step 5:**

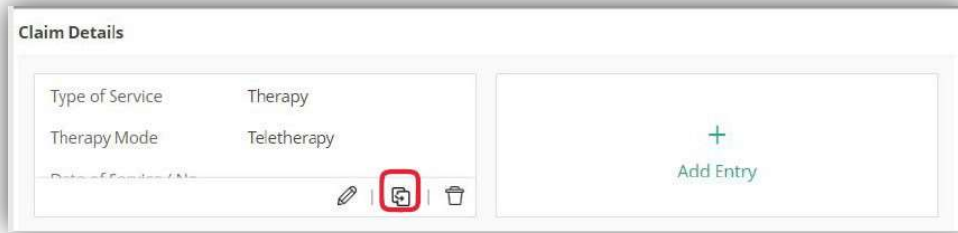
- Select the type of service.  
\*Please note, only one type can be selected at a time and "Cost" will populate automatically.
- Select the therapy mode.
- Select the date of service for the type of service.
- Please number the session 1-12 or 13-20 if an extension was approved.  
\*If a client **NS/CA** the session number will be **0**, regardless of what session it would have been.

**Step 6:**

- Repeat step 5 for travel and input the address at the bottom of the pop-out page.
- Repeat step 5 for SIQ and upload the file directly into the pop-out page.
- Press "Done"

### Step 7:

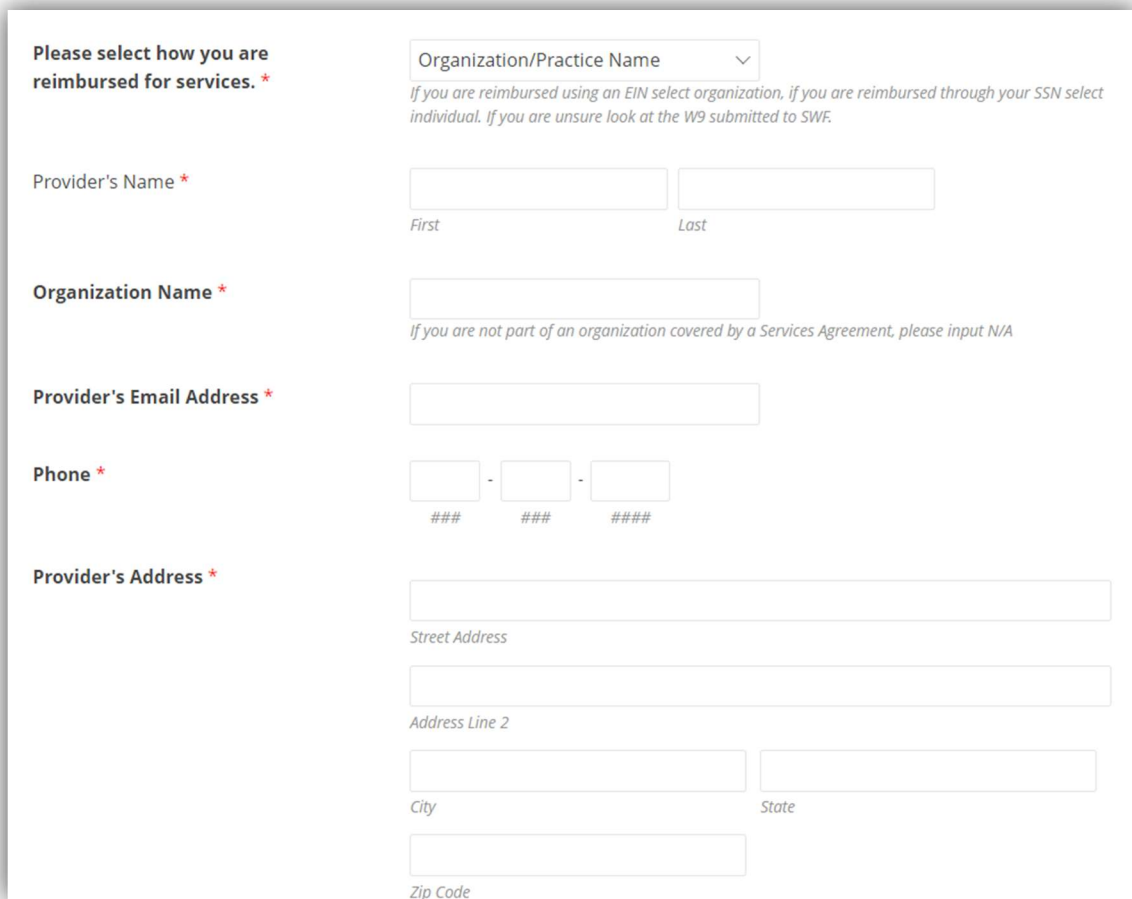
- Repeat steps 4-6 for all sessions in the same month as indicated on step 3.



**\*Helpful Tip\*** if you are submitting multiple claim details for the same month, you can also duplicate (circled in red) the claim detail and change the date and session number instead of selecting the green + button each time.

### Step 8:

- If there are no more claims to submit for that referral for that month, you can move onto the bottom part of the page.  
**\*Reminder\*** If you are submitting for your first session with a SWF youth, **please make sure the SWF ROI/Waiver is uploaded to receive reimbursement.**
  - Select Reimbursement Option
    - Input your name
      - Organization (type N/A if not part of group practice)
    - Enter Provider's Email Address
    - Enter Provider's Phone Number
    - Enter Provider's Address (this address should match your W9)

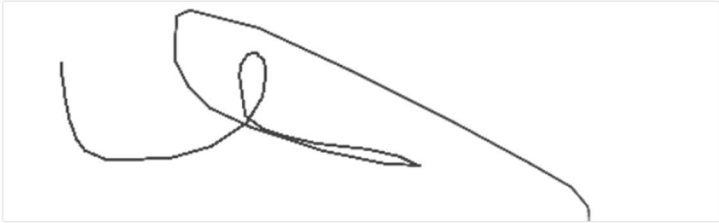


**Step 9:**

- Sign it and press Submit Claim.


If this claim includes **Session Number 1** for this referral please ensure you have uploaded the **SWF ROI/Waiver of Liability** in the claim details section! We are unable to pay claims until the completed ROI/Waiver is received.

**Provider's Signature \***



[Clear](#)

**Date \***



*dd-MMM-yyyy*

[Submit Claim](#)

**Step 10:**

- Complete steps 1-9 for the same referral but different months.
- Complete steps 1-9 for other SWF referrals.

If you have any questions, please email [program@thesecondwindfund.org](mailto:program@thesecondwindfund.org).