

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 6/16/99	Reviewed: 9/2/10 By: PE Last Revision: 9/2/10	Section: ADMINISTRATION	Policy No: 007	Pages: 1 of 3
☒ Wraparound ☒ Wraparound-REACH ☐ FISS ☒ Project O-Yeah	Effective Date: 1/1/11	Subject: CLIENT CHART FORMAT			

I. POLICY

It is the policy of Wraparound Milwaukee that all affiliated Agencies providing care coordination services maintain an organized, comprehensive chart on each client that is enrolled in Wraparound Milwaukee and/or who has been a Wraparound Milwaukee client. This chart, along with individual client information maintained in the Wraparound Milwaukee Synthesis Management Information System, is known for purposes of the HIPAA Privacy Regulations as the Designated Record Set. Charts (active and disenrolled) must be maintained in a locked room or file cabinet. [It is preferable that the room/cabinet be fireproof.](#)

II. PROCEDURE

A. CURRENTLY ENROLLED CLIENT CHARTS

Each Agency must maintain a chart on each of their assigned clients and are expected to keep their charts up-to-date at all times. The chart must be broken down into the following sections and labeled as follows:

- Section 1 - INTAKE / CONSENTS
- Section 2 - ASSESSMENTS / EVALUATIONS
- Section 3 - FISCAL
- Section 4 - CARE PLANS
- Section 5 - LEGAL
- Section 6 - CORRESPONDENCE
- Section 7 - NOTES

The Agency may include more sections within their chart, but no less than those indicated above. The sequencing of the sections in the chart can be determined by the Agency.

Each section should include the following documents and/or copies of the documents. [If a Synthesis-generated electronic copy of a document is available, then a hard copy in the file is optional.](#)

Section 1 - INTAKE / CONSENTS

Required:

- WM / REACH Authorization For Release of Information Form.
- WM / REACH Consent / Acknowledgement Form.
- Medicaid Enrollment Request Form.
- Enrollment Confirmation Letter.
- WM Intake Form (Screener's Intake).
- MUTT Consent for Treatment Form.
- Disclosure Tracking Log for Protected Health Information (as applicable).
- Discharge Summaries from past residential and/or inpatient hospitalizations (as applicable).

Other forms that should be filed under this section if available and applicable:

- Records from past hospitalizations (mental health and/or medical) / treatment / therapy.
- Any other medical information related to client/family medical history/concerns, documentation of past/recent physicals or healthchecks that were done, information regarding allergies, etc.
- Agency specific Consent for Service forms or Consent for Treatment Forms.
- Agency specific Service Agreements/Contracts.

- Agency specific Client/Family Rights Documents.
- Initial Assessment/Intake records of current/past inpatient hospitalization or residential placement.

Section 2 - ASSESSMENTS

Required:

- Child Behavior Checklist (Required at Intake, 6 months, 1 year, 2 years, etc., & disenrollment).
- Youth Self Report (Required at Intake, 6 months, 1 year, 2 years, etc., & disenrollment).

Other forms that should be filed under this section if available and/or applicable:

- Strengths/Needs Assessment(s) [that are not Synthesis generated](#).
- Psychological Evaluations.
- M-Team/School Reports.

Section 3 - FISCAL

Required:

- Financial Assessment Referral (required at the time of Enrollment).

Other forms that should be filed under this section if available and/or applicable:

- [Synthesis-generated](#) print out of Service Authorization Requests [SAR's] (*optional*).
- Copies of MCFI Provider Applications and Tax Forms.
- Receipts for discretionary and other Wraparound funded items.
- Copies of Wraparound Medicaid Card (Blue Forward Card) and/or Other Insurance Coverage.
- Fast: Notification of Change Form.

Section 4 - CARE PLANS

Required:

- Plan of Care (POC) [Signature Sheets](#).
- [Domain Review Checklist](#).

Other forms that should be filed under this section if available and/or applicable:

- [Synthesis-generated](#) print out of the Plan of Care (*optional*).
- Out-of-Home Care Authorization [Requests](#).
- [Synthesis-generated](#) print out of Day Treatment Prior Authorization Form (*optional*).
- Residential Treatment Care Plans (*not monthly Progress Reports*).
- Individualized Education Plans (IEP's).
- [Team Observation Measure \(TOM\)](#).

Section 5 - LEGAL

Required:

- Court Orders / Docket Sheets (*Wraparound Only*).

Other forms that should be filed under this section if available and/or applicable:

- [Synthesis-generated](#) print out of Court Extension / Revision Reports (*optional*).
- [Synthesis-generated](#) print out of Court Letter – Progress Report (*optional*).
- Request for ER Foster Home Study.
- [Network Agency](#) Incident Reports.
- Foster Home License / Documentation.
- [Synthesis-generated](#) print out of Juvenile Justice Risk Assessment / Progress Report (*optional*).
- Capias / Apprehension Requests / Warrants.
- TPR / Adoption Reports / Requests.
- Permanency Plans.
- [Synthesis-generated](#) print out of Notice of Change of Placement Form (*optional*).
- [Synthesis-generated](#) print out of Wraparound AWOL / Temporary Placement Status Report (*optional*).

- Temporary / Permanent Guardianship Orders.
- Legal Custody Orders.
- Birth Certificates.
- Temporary Physical Custody Orders (*Wraparound only*).
- Synthesis-generated print out of Wraparound Critical Incident Reports (*optional*).

Section 6 - CORRESPONDENCE

Required:

- WM Disenrollment Documentation Form.

Other forms that should be filed under this section if available and applicable:

- Central Staffing Papers.
- Provider Service Logs (i.e., mentor, parent assistant, tutor logs, etc.).
- Copies of any Audits / Reviews.
- Referral Form for Provider of Wraparound Services.
- Family Satisfaction Surveys.
- Care Coordinator Change Surveys or Letters.

Section 7 - NOTES

Required:

- None.

Other forms that should be filed under this section if available and applicable:

- Synthesis-generated print out of Care Coordinator Progress Notes (*optional*).
- Consultant Plan of Care Review Notes.
- Care Coordination Agency Staffing Notes.

B. DISENROLLED CLIENT CHARTS

All Wraparound Milwaukee client charts must be retained until the client becomes 19 years of age or until 7 years after treatment has been completed, whichever is longer. These charts must be retained at the Agency until such time that an Agency no longer provides care coordination services for Wraparound Milwaukee. At that time, all client files must be brought to Wraparound Milwaukee.

III. DESIGNATED RECORD SET / ENTIRE CLIENT RECORD.

Wraparound Milwaukee defines the Designated Record Set to be those items identified in Sections 1 through 7 of the "Client Chart Format" Policy or the "Entire Client Record" and all individual client information including enrollment, clinical and payment related information that is maintained in the Wraparound computer application known as Synthesis.

Note: *Client Charts (current or disenrolled) must be accessible at any time for Wraparound Milwaukee, Department of Health & Human Services, State of Wisconsin, or Federal auditing/reviews.*

Reviewed & Approved by: Bruce Kamradt
Bruce Kamradt, Director