

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 12/6/10 By: DT Last Revision: 12/8/10	Section: LIAISONS	Policy No: 019	Pages: 1 of 2 (6 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah	Effective Date: 1/1/11	Subject: FOSTER CARE PLACEMENT – REGULAR - NON-TREATMENT		

I. POLICY

It is the policy of Wraparound Milwaukee that anytime a youth is placed in a **non-treatment** Foster Care setting, the following guidelines/criteria be followed.

II. PROCEDURE

A. A Plan of Care (POC) Review must occur with the entire Child & Family Team to determine that the youth's and family's needs would best be met by a foster home placement. **Placement of a youth in an unlicensed home is illegal unless a court has specifically ordered the placement or the Bureau of Milwaukee Child Welfare (BMCW) Case Manager has successfully completed the BMCW Pre-Placement Screening Plan (which includes a criminal and background clearance check), the Caregiver Child Placement Plan and the Plan to Support Permanency for Unlicensed Relative or Non-Relative Potential Caregivers.**

B. For CHIPS Youth:

1. The BMCW Case Manager must make the referral for a youth for a regular foster home to Children's Service Society of Wisconsin (CSSW).
2. The **Wraparound Milwaukee** Care Coordinator must facilitate the inclusion of the Foster Care Parents and the Foster Care Consultation Worker into the Child & Family Team.
3. The Care Coordinator must arrange for the youth's pre-placement visit at the identified home and involve the parent/guardian in the process whenever appropriate.
4. **Prior to the actual placement of the youth in a foster home, the BMCW Worker, in collaboration with the Wraparound Milwaukee Care Coordinator, must determine the foster care rate with the foster parent. This mutually agreed upon rate must be reflective of communication and collaboration with BMCW to ensure that the rate is transferrable to Wraparound Milwaukee. The Care Coordinator should then submit a SERVICE AUTHORIZATION REQUEST (SAR) to Wraparound Milwaukee reflecting the indicated rate, as well as the foster parents' complete address and phone number (service code is 5390). The Care Coordinator is also responsible for explaining the Invoice Procedures done through the Wraparound Milwaukee Finance Office. The Care Coordinator must ensure that the agreed upon payment rate meets the requirements of the State of Wisconsin, BMCW or Delinquency Management and the foster parents.**
5. The Care Coordinator must secure a copy of the official BMCW legal NOTICE OF CHANGE IN PLACEMENT and of the payment rate set by the BMCW before the youth is moved (*see Attachment 1*).
6. The Care Coordinator should then complete the forms below as appropriate to the youth's situation:
 - FOSTER/KINSHIP CARE INVOICE (*see Attachment 2*).
 - FOSTER/KINSHIP CARE INITIAL SERVICE AUTHORIZATION (*see Attachment 3*).
 - FINANCIAL ASSESSMENT REFERRAL (FAR) (*see Attachment 4*), along with a copy of the TEMPORARY PHYSICAL CUSTODY (TPC) order (*see Attachment 5*).

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Foster Care – Regular Policy

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C. For a Delinquent or JIPS youth – contact your Wraparound Milwaukee Liaison if the Delinquent or JIPS youth requires a regular foster home placement. Regular foster homes are established for use primarily by CHIPS youth and special arrangements will be required to place a Delinquent or JIPS youth in a regular foster home. The Care Coordinator should then complete the same forms listed under the CHIPS Youth sections, as well, and the NOTICE OF CHANGE OF PLACEMENT (*see Attachment 1*).

D. Emergency Placement:

In the event of an emergency situation after normal business hours:

For a CHIPS Youth, if the BMCW Case Manager or Supervisor are unavailable, the Care Coordinator must call the BMCW emergency phone line at 220-SAFE (220-7233). The BMCW emergency response system will then direct any further action. The Care Coordinator must then take all appropriate actions related to a Change in Placement and complete and submit all Change in Placement forms (as detailed in Policy 005), no later than 48 hours after the youth’s placement has been achieved.

For a Delinquent or JIPS Youth, if the Probation Officer or their Supervisor are unavailable, the Care Coordinator can remove a youth from their current placement, if the safety of the youth, family or placement resource is threatened. In this event, the Care Coordinator is then responsible for informing the Probation Officer of the youth’s current whereabouts and the reason for the removal by noon of the following business day. The Care Coordinator must also take all appropriate actions related to a Change in Placement and complete and submit all Change in Placement forms (as detailed in Policy 005) no later than 48 hours after the placement has been achieved.

If you need assistance, please contact your assigned Wraparound Liaison.

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

**WRAPAROUND MILWAUKEE
Foster Care - Regular Policy
Attachment 1**

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

IN THE INTEREST OF

Smith, John
Name

- Notice of
Change in Placement**
- Out of Home to Out of Home
 Out of Home to In Home
 In Home to In Home

12/11/90
Date of Birth

Case No. 99JV000000

This placement was will be changed on (date) 6/25/08 as follows:

This change was was not authorized by the original dispositional order.

Give reason for new placement, why it is preferable and how it satisfied treatment plan:

Youth is transitioning home from Lad Lake. Wraparound Milwaukee will continue to provide ongoing case management services.

Name and address of new placement:

Mary Smith
3035 W. Wisconsin Avenue #207
Milwaukee, WI 53208

If placement continues to be outside the home, the parents/guardian/legal custodian/trustee will be required to pay support for the placement.

Hearing Rights

If you object to the change in placement:

- A written request for a hearing must be filed with the court listed above within 10 days of your receipt of this notice. Copies of this request should be sent to all concerned parties.
- The change of placement is authorized in the current dispositional order. Therefore, your request for a hearing must allege new information which affects the advisability of that dispositional order.

- Distribution:
1. Original - Court
 2. Child/Juvenile
 3. Parents/Guardian/Legal Custodian/Trustee
 4. Social Worker/District Attorney/Corporation Counsel
 5. Juvenile's Attorney

Signature of Case Worker/District Attorney/Corporation Counsel

Owen Felix for Skyla Roper
Name Printed or Typed

6/9/08
Date

JD-1754, 04/07 Notice of Change of Placement (Out of Home to Out of Home/Out of Home to In Home/In Home to In-Home) ss48.357 and 938.357, Wisconsin Statutes

This form shall not be modified. It may e supplemented with additional material.

**WRAPAROUND MILWAUKEE
INTEGRATED PROVIDER NETWORK INVOICE**

FOSTER/KINSHIP NAME: _____

ADDRESS: _____

PHONE #: _____

CLIENT NAME: _____

CLIENT SS#: _____

SERVICE MONTH/YEAR: _____

SERVICE CODE: 5390/5392

SERVICE NAME: FOSTER/KINSHIP

PROVIDER NAME: _____

PLEASE ENTER THE NUMBER OF UNITS PROVIDED BY DATE IN THE APPROPRIATE BOX:

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TOTAL DAYS _____

SIGNATURE: _____

DATE: _____

PLEASE CONTACT BONNIE LEWITZKE (414) 257-6176 WITH ANY QUESTIONS

PLEASE MAIL INVOICE TO:

MILWAUKEE COUNTY - BHD - WRAPAROUND
9201 WATERTOWN PLANK ROAD
MILWAUKEE, WI 53226

**WRAPAROUND MILWAUKEE
 INTEGRATED PROVIDER NETWORK INVOICE**

FOSTER/KINSHIP NAME: _____

ADDRESS: _____

PHONE #: _____

CLIENT NAME: _____

CLIENT SS#: _____

SERVICE MONTH/YEAR: _____

SERVICE CODE: 5390/5392

SERVICE NAME: FOSTER/KINSHIP

PROVIDER NAME: _____

SAMPLE

PLEASE ENTER THE NUMBER OF UNITS PROVIDED BY DATE IN THE APPROPRIATE BOX:

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TOTAL DAYS 31

SIGNATURE: John Smith

DATE: 1/31/07

PLEASE CONTACT BONNIE LEWITZKE (414) 257-6176 WITH ANY QUESTIONS

PLEASE MAIL INVOICE TO:

MILWAUKEE COUNTY - BHD - WRAPAROUND
 9201 WATERTOWN PLANK ROAD
 MILWAUKEE, WI 53226



Wraparound Milwaukee Foster / Kinship Care Initial Service Authorization

Youth's Name: Emily Meyer DOB: 5-7-1990

Type of Service Requested: Foster Care Kinship Care
(circle one)

Foster/Kinship Provider Information

Name: Mary Smith

Address: 222 W. 2nd Street

City, State, Zip: Milwaukee, WI 53222

Phone Number(s): (home) (414) 555-1234

(work) (414) 555-5678

Service Month: May 2008

Daily Rate Authorized: \$5,000

Number of Days Requested: 31

Jill Saen
Care Coordinator Signature

4-22-08
Date Signed

Phillip Jones
Supervisor Signature

4-22-08
Date Signed

SUBMIT THIS SERVICE AUTHORIZATION REQUEST TO:

Wraparound Milwaukee Billing Department
Milwaukee County Behavioral Health Division
9201 Wauwatosa Plank Road
Wauwatosa, WI 53226

If you have any questions on how to fill out the form, please feel free to call Bonnie Lewitke at (414) 257-6176.

SAMPLE



State of Wisconsin

Financial Assessment Referral

Referral Date: _____

1. Enter the following information on the child for whom Title IV-E/Medicaid benefits are being requested:

Child's Name: _____ DOB: _____ SSN: _____
 Race: _____ Sex: _____ Date of Petition: _____
 F# _____ CC# _____ Next CT Date: _____
 Child Placed At: _____ Address: _____
 Date of Placement: _____ Voluntary Court Ordered VPA/Order Date: _____
 Child Removed From the Home Of: Mother: Other: Name: _____
 Father: Relationship to Child: _____
 Mother: Phone: _____
 Name: _____ Address or LKA: _____
 Father: Phone: _____
 Name: _____ Address or LKA: _____
 Date of Removal: _____ Worker's Name: _____ Phone: _____

2. Complete all of the information for each person in the home from which the child was removed:

Name	Relationship to Child	SSN	DOB	US Citizen	Source of Income

3. Did the child reside with any relative during the six months prior to the month the petition was filed, other than those listed in #2?

No Yes Name/Relationship to Child: _____

4. Is the child deprived of one or both parents due to one of the following reasons:

	No	Yes	Mother	Father
Continued Absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please enter the following information if known:

5. Was the child in receipt of AFDC-MA in the month the petition was filed or in one of the six months prior to the month the petition was filed, or was the child removed from an AFDC-MA household?

Yes No

6. Complete the following chart on the parent(s) that are absent. If both, complete both charts.

Mother's Name:	_____	SSN:	_____	Telephone:	_____
Address:	_____	DOB:	_____	Race:	_____
Employer's Name:	_____	Telephone:	_____		
Address:	_____				
Health Insurance:	_____				

Father's Name:	_____	SSN:	_____	Telephone:	_____
Address:	_____	DOB:	_____	Race:	_____
Employer's Name:	_____	Telephone:	_____		
Address:	_____				
Health Insurance:	_____				

7. Family Court Support No./Paternity No.:

Worker Signature

Date

Supervisor Signature

Date

WRAPAROUND MILWAUKEE – Foster Care – Regular Policy – Attachment 5

Referring Agency Case Number	Intake Case Number	Temporary Physical Custody Request		Court Case Number
Child's/Juvenile's/Expectant Mother's Name (Last, First, Middle)			<input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> America Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Child's/Juvenile's/Expectant Mother's Address			Telephone Number	County of Residence
Date and Time Taken into Custody		Why was person taken into custody? (§§48.19, 48.193 48.195 or 938.19)		
Taken Into Custody By		<input type="checkbox"/> Warrant/capias <input type="checkbox"/> Child/juvenile suffering from illness, injury or other danger <input type="checkbox"/> Order by judge <input type="checkbox"/> Violation of terms of court-ordered supervision <input type="checkbox"/> Criminal act <input type="checkbox"/> Violation of conditions of temporary custody order <input type="checkbox"/> Runaway <input type="checkbox"/> Violation of civil law or ordinance <input type="checkbox"/> Relinquishment <input type="checkbox"/> Unexcused absence from school <input type="checkbox"/> <input type="checkbox"/> Serious health risk to unborn child		
Agency				
Statute and Descriptor:				
Legal Father's Name and Address		Home Telephone Number	Work Telephone Number	
Legal Mother's Name and Address		Home Telephone Number	Work Telephone Number	
Legal Guardian's Name and Address		Home Telephone Number	Work Telephone Number	
The parents notified by referring party? <input type="checkbox"/> Yes (Date and Time) <input type="checkbox"/> No		Was notification under 48.193(2) given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why was person not released?	
The parents notified by intake worker? <input type="checkbox"/> Yes (Date and Time) <input type="checkbox"/> No		Was notification under 48.193(2) given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were rights given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Jurisdictional Finding: (§48.205 and §938.205)				
<input type="checkbox"/> 1. No jurisdiction. <input type="checkbox"/> 2. Juvenile will commit injury to person or property of others. <input type="checkbox"/> 3. Person will: <input type="checkbox"/> cause injury to self. <input type="checkbox"/> be subject to injury by others. <input type="checkbox"/> cause serious health risk to unborn child. <input type="checkbox"/> <input type="checkbox"/> run away or be taken away so as to be unavailable for further court proceedings. <input type="checkbox"/> 4. Parent, guardian, legal custodian or other responsible adult is: <input type="checkbox"/> neglecting <input type="checkbox"/> refusing <input type="checkbox"/> unable <input type="checkbox"/> unavailable to provide adequate supervision and care .				
Custody decision:				
<input type="checkbox"/> 1. Person released. <input type="checkbox"/> 2. Nonsecure custody: (§48.207 and §938.207) <input type="checkbox"/> a. At the home of a <input type="checkbox"/> parent. <input type="checkbox"/> relative. <input type="checkbox"/> guardian. <input type="checkbox"/> person not a relative. <input type="checkbox"/> b. At licensed foster home, treatment foster home, or group home. <input type="checkbox"/> c. At non-secure facility operated by a licensed child welfare agency. <input type="checkbox"/> d. At licensed private or public shelter care facility (including holdover room). <input type="checkbox"/> e. For expectant mothers at _____ §48.207(1m). <input type="checkbox"/> 3. Secure custody because: (§48.208 and §938.208) <input type="checkbox"/> a. Juvenile has committed a delinquent act and there is a substantial risk of: <input type="checkbox"/> physical harm to another. <input type="checkbox"/> runaway. <input type="checkbox"/> b. Juvenile is a : <input type="checkbox"/> fugitive from another state. <input type="checkbox"/> runaway from a juvenile correctional facility. <input type="checkbox"/> and there has been no reasonable opportunity to return the juvenile. <input type="checkbox"/> c. A protective order has been issued and the child/juvenile consents in writing to the placement. <input type="checkbox"/> d. Child/juvenile has run away or committed a delinquent act while in nonsecure placement. <input type="checkbox"/> e. Juvenile is alleged/adjudicated delinquent and is a runaway from another county and would run away from nonsecure placement. <input type="checkbox"/> f. Juvenile is subject to the jurisdiction of the adult criminal court and is under 15 years of age. <input type="checkbox"/> 4. This is a secure custody placement in a jail because: (§48.209 and §938.209) <input type="checkbox"/> a. No other approved juvenile detention facility is available. <input type="checkbox"/> b. Child/juvenile is a substantial risk of physical harm to others in a juvenile detention facility.				
Name of Placement		Address		Telephone Number
Special precautions/information concerning child/juvenile/expectant mother				
Signature of Intake Worker		Date and Time Custody Authorized	Date and Time of Custody Hearing	Date and Time of Release



WRAPAROUND MILWAUKEE

PERMANENCY PLAN

A Permanency Plan is to be completed for all youth who are in Out-of-Home Care care (i.e., non-parent/guardian placement). The initial plan must be filed with the Court within 60 days of the youth first being removed from the home. An updated plan must be submitted to the Court and/or be reviewed through an Administrative Panel Review Process after the youth has been in placement 6 months, 12 months, and annually thereafter as long as the youth remains in an out-of-home placement.

Juvenile Name: Sample1, Client

DOB: 1/1/90

Court No.

Type of permanency plan	6 Month Permanency Plan
Hearing Date	07/15/2010
The Permanent Plan goal for this youth is	Return Home
The target date for acheiving this plan is	10/31/2010
Has the youth been out of the home for 15 or more of the last 22 months?	No
If YES above, has a referral been made to the D.A.'s office regarding possible TPR proceedings?	No
If NO, please indicate why no referral was made.	
youth will be returning home in October	
Summarize any information from school records.	
XXXXXX	
At the time of placement, was consideration given to the youth's continuing school placement?	Yes
Is the most recent grade report attached?	Yes
Please list all factors considered in the decisions made for placement for this youth.	
XYZ	
Describe the youth's adjustment to the prior and/or current placement.	
ABCD	
Is a move from the youth's current placement scheduled to occur in the near future?	Yes
If YES, list placement name and address, and anticipated placement date.	
123 W. Smith Drive	
anywhere USA	
06/30/2010	
Explain why the out-of-home care placement (current and proposed) best meets the needs of the youth at this time.	
HIJK	
Is the current and/or proposed placement within 60 miles of the parental home?	Yes
Is a safe and appropriate placement with a relative available?	No

Wraparound Milwaukee Permanency Plan

Juvenile Name: Sample1, Client

DOB: 1/1/90

Court No.

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If there was a decision not to place the juvenile with an available relative, why was the placement perceived as not safe or appropriate?

MNOPQ

SERVICES PROVIDED BY WRAPAROUND IN THE PAST SIX (6) MONTHS

Service

Vendor

Units / Unit Type

What supports and services are anticipated to be needed in the future?

3456

What conditions do the parent(s) need to meet in order for the youth to return home?

789

What conditions does the youth need to meet in order to return home?

10, 11, 12

Submitted by: _____ Date Submitted: