

 <b>WRAPAROUND MILWAUKEE Policy &amp; Procedure</b>	Date Issued:  9/1/98	Reviewed: <b>11/7/11</b> By: <b>MJM</b> Last Revision: <b>11/10/11</b>	Section:  <b>ADMINISTRATION</b>	Policy No:  <b>003</b>	Pages:  <b>1 of 3</b> (2 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input type="checkbox"/> Project O-Yeah	Effective Date:  <b>1/1/12</b>	Subject:  <b>CARE COORDINATOR / LEAD CARE COORDINATOR QUALIFICATIONS AND RESPONSIBILITIES</b>		

## I. POLICY

To maintain the integrity of the Wraparound process and ensure quality community-based care to the children and families of Wraparound Milwaukee, it is the policy of Wraparound that all agencies providing care coordination for our network adhere to the following guidelines and procedures.

## II. PROCEDURE

### A. Qualifications.

1. Care Coordinators must possess a bachelor's degree in a relevant area of education or human services and a minimum of one year of continued experience providing mental health services.
2. Lead Care Coordinators must meet the above standard and have at least one year of Care Coordination experience with Wraparound Milwaukee.
3. It is the Agency's responsibility to complete a background check on all potential employees in adherence to the Wraparound Milwaukee Caregiver Background Check Policy #057, the County Board's Resolution regarding background checks and the Wisconsin Caregiver Law.
4. It is the Agency's responsibility to maintain the employee's file, which includes the Care Coordinator's resume, proof of qualifications, all background check information, a copy of a valid driver's license as verified through completion of a Driver's Abstract and proof of current auto insurance. Wraparound Milwaukee maintains the right to periodically audit Agencies to assure adherence.
5. Before the Care Coordinator begins to provide services, the Care Coordination Agency will need to complete and submit the ADD NEW CARE COORDINATOR form (*see Attachment 1*) to the Wraparound Milwaukee Provider Network. A completed 3-part background check and the Care Coordinator's credentials are to be submitted with the ADD NEW CARE COORDINATOR form. The Care Coordinator's name is added to Synthesis (Wraparound Milwaukee's Information Management System) as a Provider of Care Coordination services after their credentials/qualifications have been verified by Wraparound Milwaukee. Agencies will be notified in writing (via letter or email) if an individual is ineligible to be a Care Coordinator. Agencies should allow 2 to 3 business days for Wraparound Milwaukee to complete the credential review process. Once the Care Coordinator begins employment, they must complete and submit a SYNTHESIS ID REQUEST form (*see Attachment 2*) in order to receive a Synthesis Login I.D. The completed (signed and dated) Synthesis ID Request form can be faxed to the Wraparound Milwaukee Administrative Office - Synthesis Help Desk.

### B. Training.

1. All Care Coordinators must become certified to provide care coordination for Wraparound Milwaukee by completing 54 hours of mandatory training in Wraparound philosophy and policies, as well as attend a Family Orientation within 6 months of their hire date. The certification training will be held at least twice a year. Once a Care Coordinator has been hired, it is the Agency's responsibility to have the employee complete the required training in its entirety within the first six (6) months of hire to continue to receive families from Wraparound Milwaukee.
2. To honor our commitment to providing quality care to families, as well as meet the needs of the Care Coordinators, Wraparound will offer ongoing trainings/Care Coordinator meetings on a variety of topics as needed, most of which will be mandatory.

*Note: It is important to sign the “Sign-In and Sign-Out” attendance sheets when participating in all offered trainings to ensure Wraparound’s accuracy in monitoring compliance.*

**C. Duties and Responsibilities.**

1. Newly hired Care Coordinators can only be assigned four (4) families during his or her first two (2) months of employment. Exceptions may be made for returning Care Coordinators or transfers from one Care Coordination Agency to another, but must be granted in writing by Wraparound Milwaukee Administration PRIOR to assignment of additional families.
2. **In Wraparound Milwaukee:**  
The Care Coordinator maintains a caseload of 8-9 families with a minimum of 14 hours of service contact per month per family to include weekly face-to-face contacts with the youth and family. For those youth in out-of county placements (more than one hour outside of Milwaukee County), Care Coordinators are expected to have monthly face-to-face contact and weekly phone contact with these youth. This is in addition to the weekly face-to-face contacts that are occurring with the family who resides in Milwaukee County.  
**In the REACH Program:**  
The Care Coordinator maintains a caseload of 12–14 families with a minimum of 8 hours of service contact per month/per family to include bi-weekly face-to-face contacts with the youth and family.
3. The Care Coordinator must assemble a Child & Family Team within two (2) weeks of enrollment by interviewing the family, identifying family members/natural supports/agency representatives and other significant persons. The Care Coordinator begins to uncover the youth’s/family’s strengths and needs, provides assistance with any immediate needs, as well as completes the initial Crisis Plan. The initial Crisis Plan must be entered into Synthesis within one (1) business day of the meeting.
4. Within the first 30 days, the Care Coordinator coordinates the meeting of the Child & Family Team and develops the initial individualized Plan of Care (POC) based on the identified strengths and needs, including a comprehensive 24-hour Crisis Plan. The Plan should reflect the best possible fit with the culture, values and beliefs of the family.
5. The Care Coordinator submits a Plan of Care (POC) and Service Authorization Request (SAR) to Wraparound Milwaukee. Services should be community-based and culturally relevant. The initial plan is required within the first 30 days. Subsequent Plans must be done at least every 60 days after the initial.
6. The Care Coordinator must monitor the provision and quality of services provided to the family through the Child & Family Team and is the liaison when new services/resources need to be sought or developed. The Care Coordinator seeks community resources first with the assistance of the Team and modifies the SAR whenever services or resources need to be added and/or deleted.
7. The Care Coordinator provides or arranges for transportation for his/her clients to appointments, crisis/respite services, etc., if needed. Driver’s license and auto insurance with adequate coverage must be kept up to date.
8. The Care Coordinator provides or secures support and crisis/emergency services for the youth/family. This may be done through face-to-face contact, phone contact or availability by beeper or an on-call system. All time spent on crisis assessment and planning, crisis linkage and follow-up, and stabilization must be documented as crisis hours.
9. The Care Coordinator completes all the necessary paperwork in a strength-based manner per Wraparound Milwaukee/Agency requirements,(i.e., court letters, change of placement forms, SAR’s, Referrals, POC’s, Progress Notes, evaluation instruments, consent forms, etc.). The Care Coordinator maintains accurate information on-line, ensuring that family demographic information is up-to-date, as well.
10. The Care Coordinator collaborates with other necessary individuals the youth and family may have contact with, such as Bureau Case Managers, Probation Officers, Judges, District Attorneys, Attorneys, Teachers, Physicians, etc. This means that the Care Coordinator contacts these key people by telephone frequently, invites them with adequate notice to Child & Family Team and Plan of Care meetings, and provides them with copies of the Plan of Care within one week of completion.

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### Care Coordinator Qualifications Policy

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11. The Care Coordinator assists families in getting to and participating in all family events. He/she also promotes and assists youth in attending and participating in the Youth Council.
12. The Care Coordinator must dress in a respectful manner (*refer to Dress Code Policy #040*) and maintain a respectful demeanor and presentation at all times.
13. Care Coordinators must keep Wraparound Milwaukee informed of all emergencies or critical incidents (*refer to Critical Incident Reporting Policy #014*).
14. The Care Coordinator must not post any client identifying information on any web-based social networking sites (i.e., Facebook, Twitter, etc.) and is cautioned to use discretion with the information they may be posting on themselves.

#### **D. Roles and Responsibilities Specific to Children's Court.** (*Also see Court Appearance Policy #012*)

1. Provide written and verbal information related to the youth's and family's behavioral and mental health based on assessment and family contact. This information will include the youth's and family's strengths and competencies, progress or lack of progress toward those court conditions that are mental health related, as well as report on the services and supports put in place to assist the family.
2. Provide a comprehensive community-based safety plan with innovative strategies to assist the youth in being maintained safely in the least restrictive setting.
3. Make every attempt to meet with significant parties, such as attorneys, probation, bureau worker, etc., before court to discuss upcoming hearings and plans for the youth and family that will be presented in court.
4. Dress professionally. Present in a respectful and courteous manner when called upon in the courtroom. When necessary, seek to be called upon when you have significant information that will assist the judge in making decisions regarding the youth and family, or when you have questions regarding the proceedings.
5. Advocate for the youth and family to be heard in the court process and to enhance the awareness of mental health needs, diversity and culture.
6. Always be accountable and follow through on court order and conditions.

#### **E. Additional Duties and Responsibilities of Lead Care Coordinators.**

The Lead Care Coordinator position may carry a maximum caseload of four (4) families in Wraparound Milwaukee or six (6) families in REACH. Additionally, they are expected to carry out the following duties:

1. Role model and coach on the Values and Principles of the Wraparound Process.
2. Assist the Supervisor with providing support, feedback and problem solving with Care Coordinators, as needed.
3. Act as a trainer in conjunction with the Supervisor to teach the Wraparound Process to new and existing staff.
4. Instruct new staff regarding Wraparound Milwaukee policies and procedures and maintain follow through on policies with existing staff.
5. Provide coaching for staff by attending Court hearings and/or Child & Family Team Meetings.
6. Help plan and conduct Agency team meetings and trainings.
7. Attend Wraparound Milwaukee Supervisor's Meetings with the Supervisor or as a backup, if the Supervisor is unable to attend.
8. Review documentation for accuracy and strength-based language, including Progress Notes, Plans of Care, Out-of-Home Care Authorizations, Transitional/Disenrollment Plans, and Community Safety Plans for families.
9. In conjunction with Supervisor, utilize reports and data provided by Wraparound Milwaukee to continuously improve the care provided to youth and families.
10. Other duties as assigned by Supervisor.

Reviewed & Approved by: \_\_\_\_\_



Bruce Kamradt, Director

Submit to: Theresa Randall

Email: Theresa.Randall@milwcnty.com

Fax: 414-257-7575 Phone: 414-257-8108



2011 - Wraparound Milwaukee Provider Network  
ADD NEW CARE COORDINATOR FORM



Entered by: \_\_\_\_\_

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

Date: \_\_\_\_\_ Care Coordination Agency: (Select Agency Name) \_\_\_\_\_ FAX Number: \_\_\_\_\_

Submitted By  
CC Supervisor/Lead Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**INSTRUCTIONS FOR USING FORM:** Form is to be completed by Care Coordinator Supervisor or Lead.  
Save the form to your local computer. Complete data entry using the "tab" key to move to the next data entry field. Save the form with a NEW NAME.  
Email or FAX completed form to Theresa Randall as indicated above.

## ADD NEW CARE COORDINATOR

### BACKGROUND INFO & CREDENTIALS CHECK ONLY IF ATTACHED

#### REQUIRED

B.I.D. Report	Dept of Justice Report	DHS Report	Resume	College Degree	Driver's Abstract
<input type="checkbox"/>					

Start Date	Last Name	First Name	D.O.B	Office Phone Number
				Ext. #

Cell Phone Number	Pager Number	Email Address	Languages Spoken (In addition to English)
			English,

Notes:

Wraparound Provider Network Use Only:

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			English,

Notes:

Wraparound Provider Network Use Only:

## APPLICATION FOR SYNTHESIS LOGIN I.D.

To request a Login in I.D. for Synthesis, complete the following application. **PLEASE PRINT LEGIBLY!**

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

Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

Fax (if no email listed above): \_\_\_\_\_

Type of User: (Check one or more that apply)

- |  |                                     |                |                                     |                         |
|--|-------------------------------------|----------------|-------------------------------------|-------------------------|
| <input type="checkbox"/> Care Coord / Worker     | ___ Worker                          | ___ Lead       | ___ Supervisor                      | ___ Clerical            |
| <input type="checkbox"/> Crisis Stabilizer       | ___ Worker                          |                | ___ Supervisor (submit credentials) |                         |
| <input type="checkbox"/> Vendor Billing Staff    | ___ View Authorizations             |                | ___ Submit Invoices                 | ___ View Reports Only   |
| <input type="checkbox"/> Vendor Data Entry Staff | ___ Trip Logs/Invoices              |                | ___ Resource Guide Update           | ___ Bed Availability    |
|  | ___ RCC Progress Reports            |                | ___ GH Progress Report              | ___ Day Tx Progress Rpt |
|  | ___ Independent Living Progress Rpt |                | ___ CCC Crisis Plan                 |                         |
|  | ___ Authorization Level             | ___ Data Entry | ___ Data entry and approval         |                         |
- (Authorization Level is required only for Progress Report entry requests)
- Reports only (list groups) \_\_\_\_\_
- Other (describe) \_\_\_\_\_

Programs: (Check one or more that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Wraparound Milwaukee | <input type="checkbox"/> MUTT             |
| <input type="checkbox"/> REACH                | <input type="checkbox"/> Children's Court |
| <input type="checkbox"/> FISS                 |   |

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency. The staff receiving the Synthesis Login I.D. agrees to the following terms regarding maintenance of the I.D. and access to confidential information in Synthesis.

**The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual's I.D. is to be inactivated because the individual's job responsibilities no longer require access to Synthesis or the individual is no longer employed by the agency.**

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## SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency. I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

Staff Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Authorized by (signature) \_\_\_\_\_ Print Name: \_\_\_\_\_

**For Wrap/REACH staff only:** Pager No. \_\_\_\_\_ Cell No. \_\_\_\_\_

**FAX completed request to Synthesis Help Desk Staff at: (414) 257-7575**

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SYNTHESIS - OFFICE USE ONLY

Reviewed/Created by: \_\_\_\_\_ Date: \_\_\_\_\_