WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 12/27/12 By: MJM/PE Last Revision: 12/31/12	Section: ADMINISTRATION	Policy No: 028	Pages: 1 of 6 (2 Attachments)
☒ Wraparound ☒ Wraparound-REACH ☐ FISS ☒ Project O-Yeah	Effective Date: 1/1/13	Subject: **PLAN OF CARE (POC)**			

I. POLICY

It is the policy of Wraparound Milwaukee that a Plan of Care (POC) be completed for every youth and family enrolled in Wraparound Milwaukee. The POC identifies the strengths and needs of the youth and family and is the guide for the course of care and services being provided by the Child & Family Team through Wraparound Milwaukee.

1. The initial POC, which includes the Reactive Crisis Plan, should be completed within the first 14 days after enrollment, or within 14 days after a permanent transfer to a new Care Coordinator at another Care Coordination Agency (*with the exception of High Risk youth – please refer to Policy #023 – High Risk Youth Review*). The POC, which includes the Reactive Crisis Plan, must be completed within the first 30 days after enrollment.
2. Subsequent POC's, which include the Reactive Crisis Plan, must be completed every 90 days.
3. With extremely rare exceptions, the youth and parent (*or primary caregiver*) must be in attendance at the Plan of Care meeting. If the youth and family do not show for a scheduled POC meeting, the Team must reschedule the POC meeting – **POC meetings cannot be held without family members present**. POC meetings must be held face-to-face. Video conferencing is only permissible as a last resort and after all efforts have been exhausted to ensure the youth and caregiver are present.
4. All Team members must be given notification of upcoming POC meetings well in advance (*at a minimum, a 2-week notice should be given*). Optimally, the date of the next monthly Team meeting and Plan of Care meeting would be agreed upon by all Team members during each POC meeting. As with any client-related contact, the notification to Team members of each POC and Team meeting must be documented in the Progress Notes.
5. The following Domains must be addressed on the Initial Plan of Care. A Need statement may relate to one or more Domains:
   - Educational / Vocational
   - Legal (*Wraparound only*)
   - Safety / Crisis
   - Family
   - Mental Health

   All remaining Domains should be addressed based on the Team's Prioritized Needs identification.
6. The Plan of Care document must be entered and approved on Synthesis within two (2) weeks of the Plan of Care meeting date. A copy of the approved POC must be given to all Team members as well, within two (2) weeks of the Plan of Care meeting. If the team member has the ability to access the POC through Synthesis, they should be guided to do so upon final approval of the POC.
7. Subsequent Plans may address only those Domains in which a NEED is identified, with the exception of the Mental Health and Safety/Crisis Domain, which must be present in the Initial and all subsequent POC's.
8. A printed copy of the Plan of Care can be filed in the Agency chart or be maintained electronically in Synthesis.
9. The Care Coordinator has the ability to print a Full POC (*one with all Needs, current and past)* listed or a Team Plan (*one with only open Needs).* The Full POC must be shared with the family; the Team Plan is to be shared with other team members per the family's directive.
10. A final Plan of Care meeting must occur within the month prior to disenrollment.

Note: ***Failure to comply with these timeframes may result in administrative fee denials for the Care Coordination Agency.***

II. PROCEDURE

Please refer to the PLAN OF CARE INSTRUCTION GUIDE (*see Attachment 1).*

A. Strengths Discovery.

1. The Care Coordinator is responsible for meeting face-to-face with the youth and family within the first week of enrollment. The Care Coordinator should assist the family in beginning a strengths list regarding their family and bring this list to the first Plan of Care meeting. The Care Coordinator will also assist the family in identifying and developing natural and informal supports who will become part of the Child & Family Team.
2. The Care Coordinator works with the Team to develop a Strengths list, and documents identified strengths (*of the youth, the family, **other Team members, and community resources***) in the Strengths Discovery portion of the Plan of Care (POC) in Synthesis.
   a. An updated Strengths Discovery should be given to the Team at every POC meeting to assist in strategy development.
   b. Team members should be encouraged to add to the Strengths list at any time.
   c. Strengths should be "functional" – that is, they should be able to be utilized within the Plan of Care itself as part of strategies to meet Needs identified by the Team.
   d. Community Resources (*community services or programs that are sustainable and will be available to the youth and family both during and after enrollment*) should be included on the Strengths Discovery, and should be coded as "C.R." to allow the program to quantitatively look at sustainability of those Resources after disenrollment. The Team should constantly be working with the family to develop Community Resources (*as well as natural supports*) that will be available to the family post disenrollment. There must be **at least one** community resource listed beginning with the first POC.

B. Reactive Crisis Plan.

1. The Care Coordinator works with the family and other Team members to develop a Reactive Crisis Plan - a detailed plan of action for the Team to use to respond to a Crisis. The Reactive Crisis Plan "stands alone" – that is, although it does become part of the Plan of Care document, it can be edited, updated and printed outside of the Plan of Care. It should be written so that in an emergency, all Team members are aware of what needs to be done and what their role is. The elements of the Reactive Crisis Plan are:
   a. **What is the Child & Family Team's Definition of a Crisis -** The family guides the Team in determining what constitutes a Crisis for their family. What makes the parent, youth or caregiver feel unsafe?
   b. **Interests and Strengths of the Youth/Family Relevant to the Crisis Situation** - Looking at the functional Strengths identified in the Strengths Discovery, which ones can be tapped to intervene in a Crisis situation? Add any additional functional strengths that can be used in the Crisis Plan.
   c. **Special Risks or Other Factors Relevant to Crisis Prevention/Safety** - Describe any high-risk behaviors (*such as firesetting, sexual or physical acting out history, etc.*) or triggers that could lead to an unsafe situation or crisis for the youth, family and community.
   d. **Family and Community Supports** - List, in order of suggested use, any resources that can be tapped during a Crisis situation. Be specific. Include names, phone numbers, addresses and other relevant information regarding resources that are available to the family. Included here should be natural and informal supports, as well as community-based resources that are readily available to the family during times of crisis. **These supports should be listed in the order they should be contacted.**
   e. **What Places in the Community might Help –** List in order of suggested use, any community resources, programs, hotlines, etc., that may be accessed in time of crisis
   f. **What Helps the Caregiver** – Describe specific techniques that work in helping the caregiver deal with Crisis situations. As many as possible, <u>but at least two</u> techniques should be listed for each caregiver. Keep in mind the current placement of the youth – the caregiver will

likely change if the youth's placement changes. Caregivers may be the youth's parents or foster parents, group home or residential staff, etc. **Whenever a youth's placement changes, you need to update the Reactive Crisis Plan to reflect the current caregiver(s).** Also, address Crises that may occur in the school or other community settings; what helps the "caregivers" (*i.e., teachers, etc.*) in these settings?

g. **What Specific Steps should We use to Prevent a Crisis from Occurring** – List specific steps/strategies in order of suggested use (*least restrictive to most restrictive)* that assists in crisis prevention. Steps/strategies should be based on functional strengths and should address all identified possible crisis situations (*i.e., leaving home without permission, being aggressive towards siblings, threatening to harm self, etc.)*.

h. **What Specific Steps should We use if a Crisis Occurs** – specific steps/strategies (*in order from least restrictive to most restrictive)* that assist in crisis intervention. Steps/strategies should be based on functional strengths and should address all possible crisis situations (*i.e., leaving home without permission, being aggressive towards siblings, threatening to harm self, etc.).*

2. A copy of the Reactive Crisis Plan should be shared with **ALL** Team members whenever it is updated. If the team member has the ability to access the Crisis Plan through Synthesis, then they should be guided to do so after all updates. At this time, the Mobile Urgent Treatment Team, Crisis Stabilization Providers, Probation Officers, Day Treatment and all Out-of-Home Care Providers have access to the electronic Crisis Plan. The current Reactive Crisis Plan will print as part of each youth's POC.

3. **The Reactive Crisis Plan must be updated every time a crisis occurs or youth's legal placement changes, or at a minimum of every 90 days.** When a new Plan of Care is done, the Crisis Plan must also be updated if it is more than 30 days old. The Reactive Crisis Plan should be reviewed in conjunction with every Team meeting as well.

4. Subsequent Reactive Crisis Plans "pull" information from the current Crisis Plan. Care Coordinators only need update the areas that have changed.

See Attachment 2 – "Writer's Guide to Developing the Crisis Plan" regarding additional expectations/info.

C. Psychological / Psychiatric Assessment.

All five (5) Axes must be addressed; however, it is acceptable to have "not given" or deferred" listed for Axis III, IV or V. The Diagnosis should be available at the time of admission, as the existence of a DSM IV Diagnosis is one of the admission criteria.

D. Narrative.

This is the family's story and should reflect what has lead up to the family seeking help. The following information must be included in the initial Family Narrative (*if any areas are not relevant to this youth or family, this must be documented)*:

1. Family Background.
   a. Describe family composition, including extended family members.
   b. Ask the family to discuss what led them to this point, as well as the reason for referral.
   c. Discuss the family's values, beliefs, traditions, daily routines and employment.
   d. Describe any mental health history or concerns and other significant factors (*i.e., incarcerations, abuse history, etc.)* for family members.
   e. Discuss any out-of-home placements for the enrolled youth or other family members.
2. Behavioral History/Concerns.
   a. Describe the youth's past and present behavioral concerns.
   b. Discuss interventions tried in the past – especially what worked, but also what did not.
   c. Discuss any school-related issues.
   d. Discuss any legal involvement, charges and offense history (*including gang involvement or runaway history).*
   e. Describe any significant peer relationships.

3. Permanency Planning *(Wraparound Only).*
   a. Discuss the permanency plan for this youth and any barriers or concerns in this area.

E. Vision.

This one to two sentence statement is the guiding post of the Plan of Care and should drive the course of action for the Team toward the ultimate goal of disenrollment. It should be written to reflect the intent of the words of the family, and should be reviewed by the Team at each Plan of Care meeting.

F. Medical Providers.

For BOTH dental and primary care physicians, it is **required** that the Provider name and date last seen be entered. You should also include information about other types of Providers, such as allergists, etc. If the enrollee does not have a physician and/or dentist, this is one of the Needs the Team should be addressing, which would be documented under a Medical domain.

G. Medical Information.

Relevant information about the enrollee and family, as well as allergies and the developmental, substance use and psychiatric hospitalization history of the enrollee are required. If medication dosage and/or compliance with taking medications has changed since the last POC, that should be documented as Relevant Medical Information for the enrollee.

H. Medication List.

All medications the youth is using – including those for medical conditions – should be included on the medication list. When a medication is no longer being taken, mark that as Inactive and indicated the date the medication was ended.

I. Educational Information.

Enter all available school data here. If the enrollee has graduated or is not attending school you can indicate that on this screen as well.

J. Statistics.

School attendance is reported monthly.

K. Domain Review.

A Domain Review Checklist must be completed at every Plan of Care meeting. The Checklist helps the Team prioritize the Needs and tracks the level of concern over time. Each Domain on the Checklist should be ranked as High, Medium, Low or None. A brief description of the Domain/Need should be provided. Those Domains identified with a High or Medium ranking should be addressed within the Plan of Care. The Transition to Adulthood Domain needs to be addressed if the youth is age 16.5 or older.

L. Needs.

Needs are identified by the Family and Team as what the family needs help with to reach their Family Vision. Need statements include the following:

1. **Domain Identification** - Domains are areas of families' lives in which needs are identified to reach their Family Vision. Life domains include Safety/Crisis, Family, Mental Health, Medical, Legal, Education/Vocational, Cultural/Spiritual, Living Situation, Social/Recreational and Other.
   a. For the Initial Plan of Care, the following Domains are required: Safety/Crisis, Mental Health, Legal (*Wraparound only)*, Educational/Vocational and Family. Other life Domains should be addressed as identified by the Team. Subsequent Plans must have, at minimum, the Mental Health and Crisis/Safety Domains.
2. **Need Statement** - This is a concise statement of the Need identified by the Team as to what the family needs help with toward reaching their Family Vision. A Need is NOT a service. A Need represents a barrier or underlying cause for a behavior getting in the way of the family reaching their vision.

a. The Team will list a start date for the Need, identify a target date for the Need to be met and assign an initial Ranking to each Need. The target date should be a realistic date by which the Need could be met – not necessarily coinciding with the next POC date. The Ranking is a 1-5 Scale of how well the family feels the Need is currently being met.

3. **Benchmarks** – this is a descriptive, measurable phrase that indicates how the team will know they are getting closer to the Need being met (*i.e., the ranking of the Need has moved from a lower number to a higher number*).
4. **Strengths** - The Team will identify which Strengths listed in the Strengths Discovery can be used to assist the family with the identified Need. The Team should look at the strengths of all Team members – family members, natural supports and community supports – and incorporate those into the Strategy.
5. **Steps/Strategies** - Strategies are the steps based on functional strengths that will be taken to achieve the Need. Within the Strategy, the "who, what, where, when and how" of how this Need will be met should be listed. Any paid services requested **for any member** of the family must be reflected in the Strategies within a Plan of Care.

Note: In general, a Plan of Care should have no more than three (3) active Needs at any given time.

6. At subsequent Plan of Care meetings, all current and pending Needs should be reviewed.
   a. If a Need will continue, an **Updated Note and Ranking** is required. The Update Note should comprehensively discuss how strategies are working to meet the Need and/or barriers to meeting the Need, any Team concerns, etc.
   b. A Need can be "ended" at any time. Sometimes it is because the Need has been met, or it may be because the Need is no longer relevant. Also, a Need may not be met, but the Team decides to remove it from the list of active Needs, as there has been little progress made toward meeting the Family Vision and other Needs will be focused on.
   c. A Need may be taken off the "Pending" list and added as an Active Need when pertinent to making progress toward the Family Vision.
   d. In addition to entering an Update Note for each active Need, the Team can also modify the Strengths associated with the Need, enter or remove Strategies, and add or remove Domains to the Need.
7. At the final Plan of Care meeting, all Needs must be "closed out" and a final Ranking assigned to each Need. The Update Notes should discuss how the family, along with natural and community supports, will be able to continue to meet that Need after disenrollment. If the Team is not able to hold the final POC meeting, then the last POC that was finalized in Synthesis is the final POC.

M. Transition Summary.

The Transition Summary tab must be completed with the Team for all youth age 16 and over in an effort to ensure youth and families have the tools they need to transition out of Wraparound Milwaukee and into young adulthood. It is recommended that this tool be completed as close to the youth's 16th birthday as possible, so that the Team can address Needs while in Wraparound. The information is to be entered by the Care Coordinator in Synthesis. If YES is clicked, links to appropriate websites, as well as addresses and phone numbers for those resources, will be generated as part of the Transition Summary Report. When the entry of the information is completed, the Care Coordinator should print off the form and share this information with Team members. Additional Needs and Strategies may be generated from this tool by the Team and incorporated into the body of the POC.

N. Signature Sheet.

1. A Signature Sheet must be obtained at every POC meeting. It **must** include the signatures of the youth, parent/guardian and the consulting psychologist or psychiatrist.
2. There are rare occasions when a Care Coordinator may be unable to obtain the youth's or parents' signature. In these instances, an explanation for this should be referenced on the Signature Sheet and a copy of the Plan should be sent to that individual via certified mail and/or given to them in person

at the next contact, if that contact is to occur within the week after the final approval of the Plan. In either of these instances, this should also be documented in a Progress Note.

3. Other Attendees at the Plan of Care Meeting are encouraged to sign the Signature Sheet, to acknowledge their presence at the meeting.
4. The Signature Sheet must be filled out completely and accurately.
5. If the Care Coordinator is requesting that one of the Wraparound Milwaukee Child Psychiatrists sign off as the Consulting Psychiatrist, an attached note indicating that, what Psychiatrist and why the Wraparound Milwaukee Psychiatrist is being asked to sign should be attached.
6. The Signature Sheet must be scanned into Synthesis before the POC can be approved by the Supervisor or Lead Care Coordinator.

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

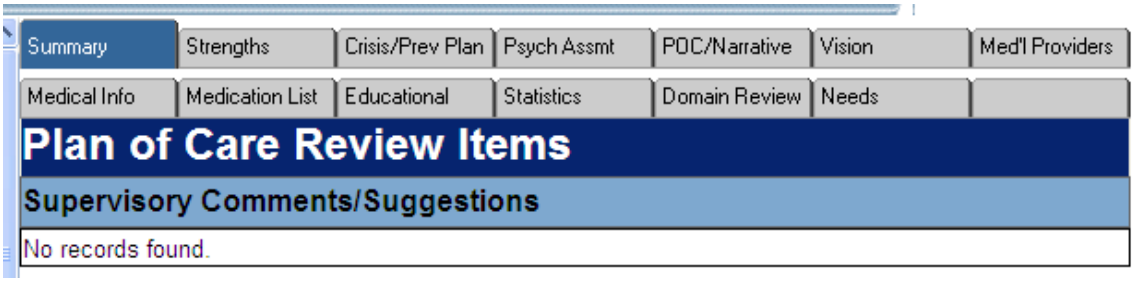
WRAPAROUND MILWAUKEE

PLAN OF CARE INSTRUCTION GUIDE (Updated: 7/11/12)

The Plan of Care contains the following elements:

1. Strengths Discovery
2. Crisis/Prevention Plan
3. Psychological / Psychiatric Assessment
4. POC / Narrative
5. Family Vision
6. Medical Provider List
7. Medical Information
8. Medication List
9. Educational Information
10. School Attendance Statistics
11. Domain Review
12. Need Statements

Each section exists independently. Other than the POC / Narrative, Domain Review and Needs tabs, you can update information on all tabs at any time. The Narrative, Domain Review and Needs are created when a new Plan of Care is done, and, along with information from all of the other tabs, combine to form the Plan of Care document.



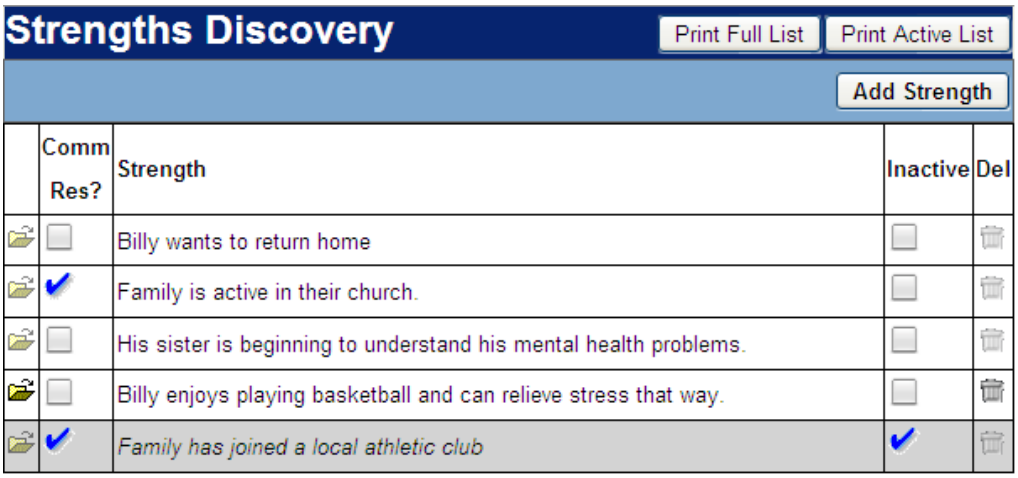
SUMMARY TAB

All information on this tab is in view-only format. The following is displayed:

1) Comments written by Leads and Supervisors at the agency relating to the Plan of Care document itself, and/or suggestions for future POCs,
2) Comments from any Prior Authorization reviews done by Wraparound as they relate to POC content.
3) A listing of CANS (Child and Adolescent Needs Assessment) elements that are rated 2 and 3, and
4) A listing of CBCL (Child Behavior Checklist) and YSR (Youth Self Report) elements that are in the Borderline and Clinical range.

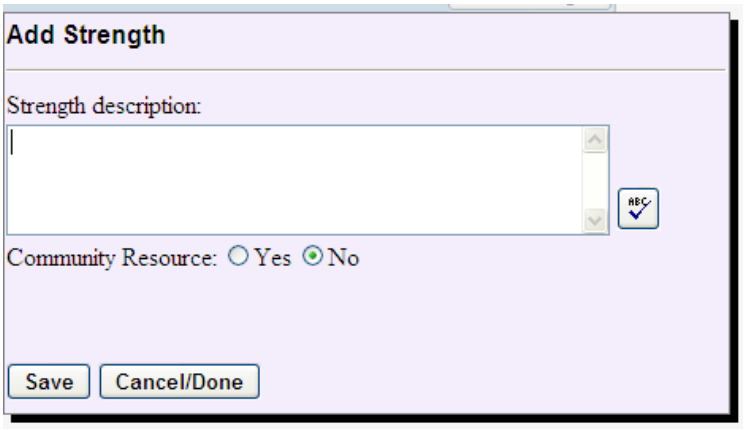
You should review information on the Summary page to be sure relevant areas are addressed in the Plan of Care.

STRENGTHS DISCOVERY



The Strengths tab will show a complete list of all existing Strengths. You update existing strengths to inactivate them, delete them or code them as community resources all from this one page.

To create a Strength, click "Add Strength." The following box will appear. Type each Strength individually in the text box, indicate if the Strength is a Community Resource or not, and then press Save. You will remain on the same screen and repeat the same process until all Strengths are entered. Press Cancel/Done when complete to return to the main Strengths page.



To edit a Strength, just click on the folder next to the Strength, and the box above will appear and allow you to update the Strength text.

To print the Strengths Discovery, select one of the Print Report button at the top of the screen (to print a Full List of All Strengths or only to print only Active Strengths).

CRISIS/PREVENTION PLAN

Current Crisis/Prevention Plan

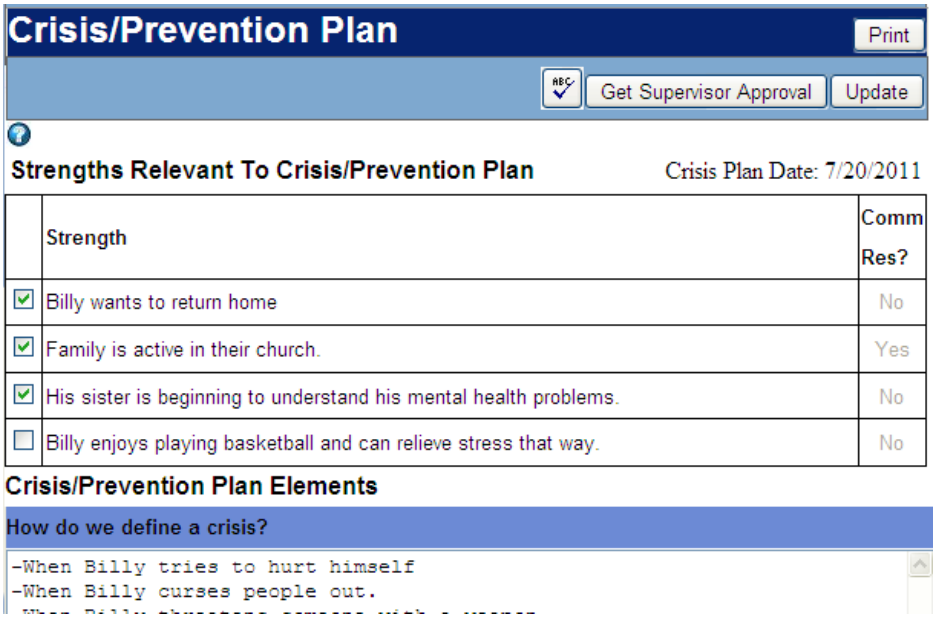
O	C	Plan Date	Status	Date Created	By	Supv Approved	By
🗁	🗁	7/11/2012	In Process	7/11/2012	GEORGE BENZ		

Previous Crisis/Prevention Plan

O	C	Plan Date	Status	Date Created	By	Supv Approved	By	Prgm Approved	By
🗁	🗁	5/1/2012	Completed	5/1/2012	MANUELA EVANS	5/17/2012	GEORGE BENZ		
🗁	🗁	3/6/2006	Completed	3/6/2006	MANUELA EVANS				

The Crisis Plan tab will show a complete listing of all Crisis/Prevention Plans entered..
--The folder under "O" next to the Plan Date for Previous Crisis/Prevention Plans will Open up the Report for that date. You cannot make changes to a Plan that has been completed.
--The folder under "C" next to the Plan Date displays any Comments entered by the Supervisor/Lead when that Plan was approved.
--The folder next to the Plan Date for Current Crisis/Prevention Plans will allow you to edit an existing Crisis Plan and then follow the approval steps to sign off on the Plan.

To create a Crisis/Prevention Plan - To create the first Crisis/Prevention Plan, click on "New"

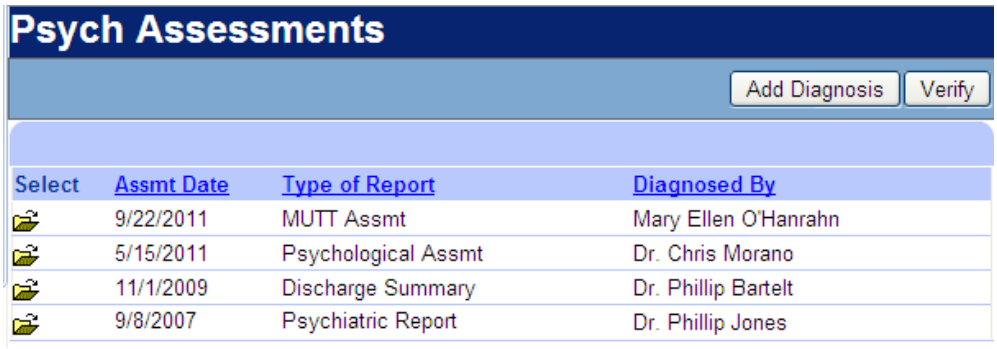


The Strength list appears, as do the seven sections that make up a Crisis/Prevention Plan. Check the boxes next to the Strengths that are relevant to the Crisis/Prevention Plan, and then answer each of the sections. **Pay attention to the 20-minute timer as you're entering and updating Crisis Plans to prevent losing data you've typed. You should save your data every 15 minutes or so** by pressing the Update button. A pop-up warning message appears when the timer gets down to 5 minutes remaining.

Supervisory Approval - After the Care Coordinator completes data entry for all of the above areas, the Crisis/Prevention Plan needs to be submitted to the Supervisor or Lead for final approval by clicking on the "Get Supervisor Approval" button. Supervisory staff can either approve or send back a Plan. If sent back, a login message is generated to the Care Coordinator / Transition Specialist for corrections to be made. If approved, the Plan is marked as completed and is closed to editing.

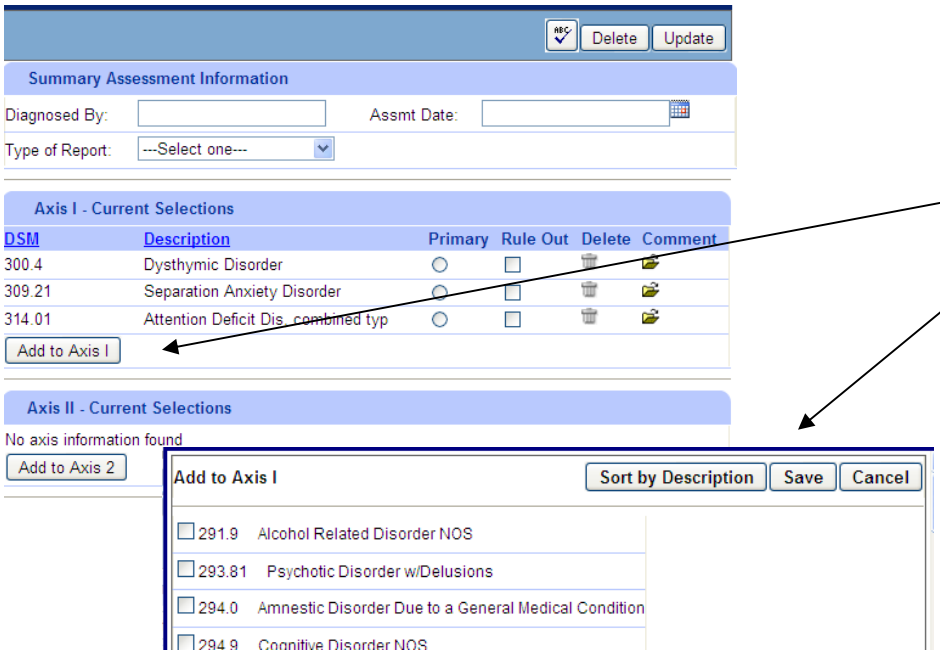
Printing Crisis/Prevention Plans – Previous Crisis/Prevention Plans are printed from the main page by clicking on the folder next to the Plan Date. Crisis/Prevention Plans that are currently in process or awaiting supervisory approval are printed by opening up the Crisis/Prevention Plan and using the "Print Report" button. Crisis/Prevention Plans should be shared with **ALL** team members whenever updated. The most recent Crisis Plan will also print as part of each Plan of Care.

PSYCHOLOGICAL / PSYCHIATRIC ASSESSMENT



All previous assessment data appears on the main page. At enrollment, Wraparound Milwaukee enters information from the existing psychological or psychiatric report. If a new evaluation is done during enrollment, the worker will need to enter that assessment.

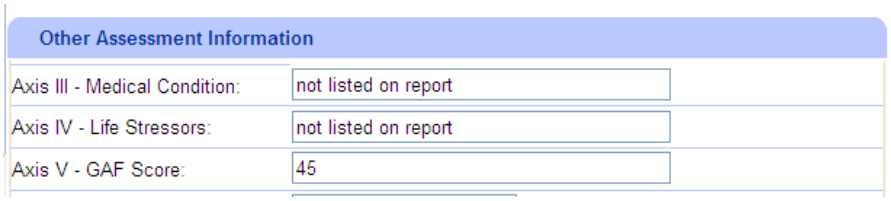
To add an Assessment – Click Add Diagnosis.



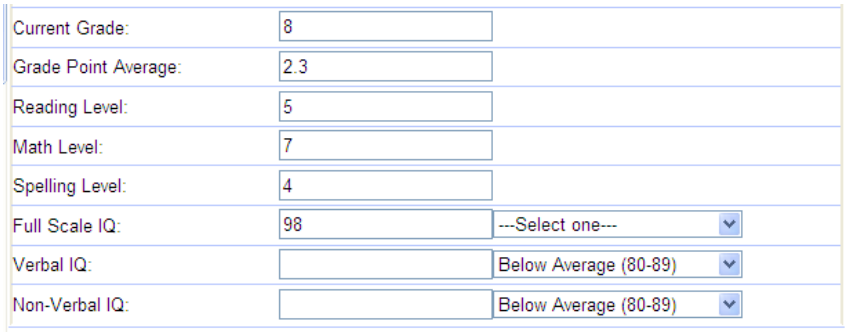
All fields through Axis V are required.

To add Axis I and Axis II diagnoses, click the "Add to …" buttons and a pop-up list of all available codes will appear. You can choose to sort the list by numeric code or alphabetically. Check the codes to add, and then press Save.

If listed on the document, be sure to indicate if the diagnosis is a primary one or is listed as "Rule Out."



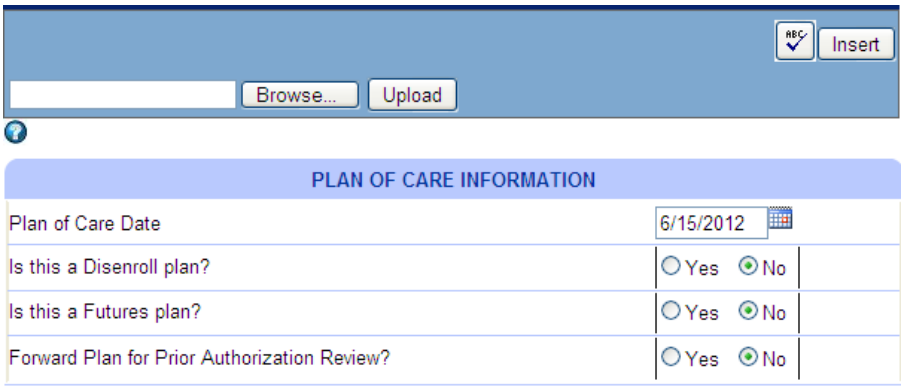
Axes III, IV and V must also be addressed; indicate "not listed" if these axes were not assessed. **It is critical that you do not enter the word "None" in these areas unless the psychiatrist / psychologist has specifically written down "None" on the report. If the psychiatrist / psychologist simply did not write anything down in these areas – you should type "not listed"**



Not all assessments will include this information. If it is included on the assessment, however, document the information here. **All entries must be numeric in this section.**
For the IQ section – you only need to enter the IQ number or select the range from the drop-down boxes, not both

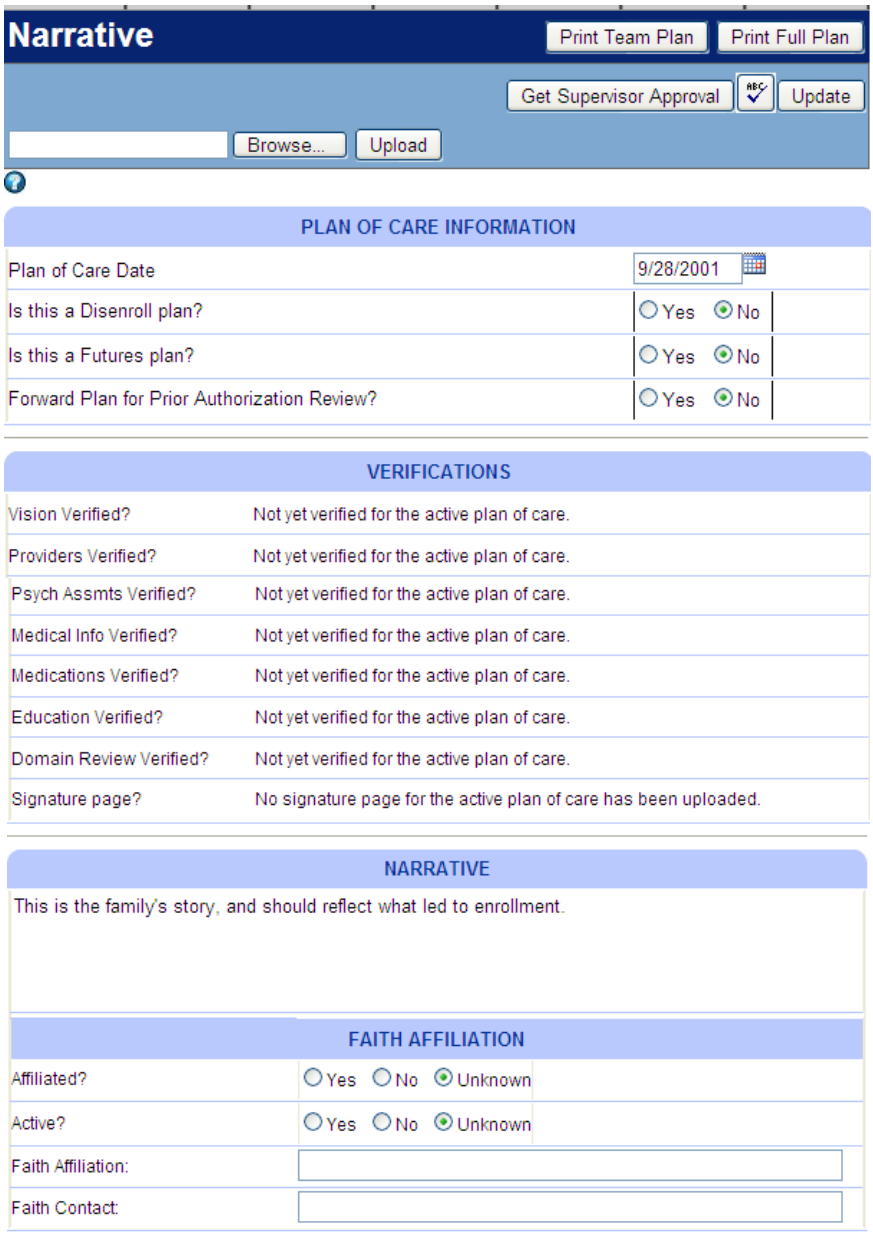
POC / NARRATIVE

The screen above is where you begin to "build" your Plan of Care. Previous Plans can also be printed from this page – just click on the folder next to the Plan Date. "T" displays the "Team Plan," "F" displays the Full Plan, and "S" displays the Signature Page. The Full Plan includes information from all of the Plan of Care tabs; The Team Plan includes only basic demographics, the Crisis Plan, and Need statements. To create a new Plan of Care –click "New POC" and the following screen will appear:



POC Date - Date that the Team Meeting occurred. This is NOT the date the POC was entered into Synthesis.
Is this a Disenroll Plan? Check this box if this is the youth's disenrollment Plan.
Is this a Futures Plan? You would only check this box yes **if you are a Transition Specialist working in Project O-YEAH.**
Forward Plan for Prior Authorization Review? Check this box if this POC needs to be reviewed for prior authorization. When you check this – it becomes part of the login message created for Wraparound staff.

Press “Insert” when done and the following screen appears:



Print buttons: The Full Plan includes information from all of the Plan of Care tabs. The Team Plan includes only basic demographics, the Crisis Plan, and Need statements.
Get Supervisor Approval: When you are ready for your supervisor or lead to review the POC, press this button and a login message will be sent to them.
Browse… / Upload: These buttons are used to upload the signature sheet.
Verifications: Since you can enter information on all POC tabs at any time, you need to go to each tab, review and verify that the information is current prior to submitting the POC for review.
Narrative / Faith Affiliation: Enter these as per the POC Policy and Procedure.

Press Update to save your entries.

Initial Family Narrative: This is the family's story, and should reflect what has lead up to the family seeking help. The following information must be included. If any areas are not relevant to this youth or family, this must be documented.

Family Background.

--Describe family composition, including extended family members.
--Ask the family to discuss what led them to this point, as well as the reason for referral.
--Discuss the family's values, beliefs, traditions, daily routines and employment.
--Describe any mental health history or concerns and other significant factors (i.e., incarcerations, abuse history, etc.) for family members.
--Discuss any out-of-home placements for the enrolled youth or other family members.

Behavioral History/Concerns.

--Describe the youth's past and present behavioral concerns.
--Discuss interventions tried in the past – especially what worked and also what didn't.
--Discuss any school-related issues.
--Discuss any legal involvement, charges and offense history (including gang involvement or runaway history).

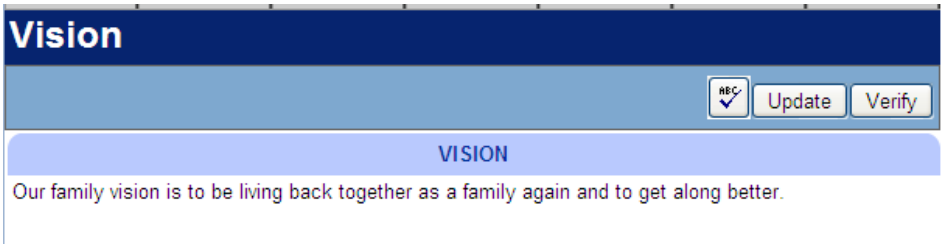
--Describe any significant peer relationships

Permanency Planning.
--Discuss the permanency plan for this youth, and any barriers or concerns in this area.

Family Narrative Updates: Provide a brief update on the progress/concerns/changes in all of the Domain areas. In addition:
--Discuss any successes since the last Plan of Care.
--Discuss any placement changes.
--Discuss any major losses since the last Plan of Care.
--Discuss any major changes to team composition and/or service Providers.
--Provide an update on legal status (new charges, hearings held, etc.).
--Provide an update on educational goals/school placement.
--Discuss the Team's progress on working toward permanency for the youth.

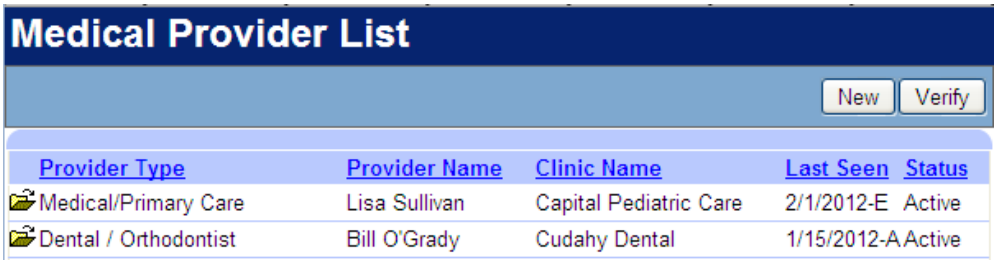
Disenrollment Family Narrative: The final Family Narrative should include an update in all of the above areas. It should also address what natural, community and paid resources (and how they will be funded) will be in place to support the family after disenrollment.

VISION



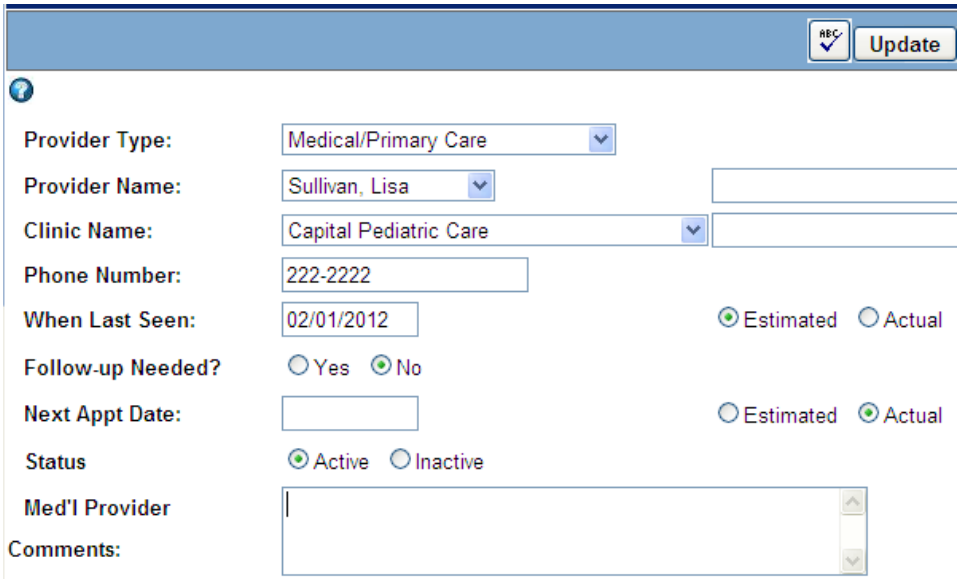
The Vision is a brief statement of what the enrollee and family hope to achieve through involvement in Wraparound and beyond. As the vision will print on each page of the Plan of Care, the text is limited to 250 characters.

MEDICAL PROVIDERS



Use this section to enter information about health care providers. **It is required that you list the name, phone number, date last seen and next appointment date for the PRIMARY CARE PHYSICIAN and DENTIST.** You should also include information about other types of providers such as allergists, gynecologists, etc.

What if the enrollee doesn't have a primary care doctor and/or dentist?
All of the enrollees we work with should have an identified physician and dentist. If they don't, this is one of the Needs the Teams should be addressing. For Plan of Care purposes, the need would be documented under a Medical domain. On this screen, you would enter "None at this time" for both the Dental and Primary Care Physician, and you would use the Notes section on the data entry screen to describe the status of the referral to health and/or dental providers.



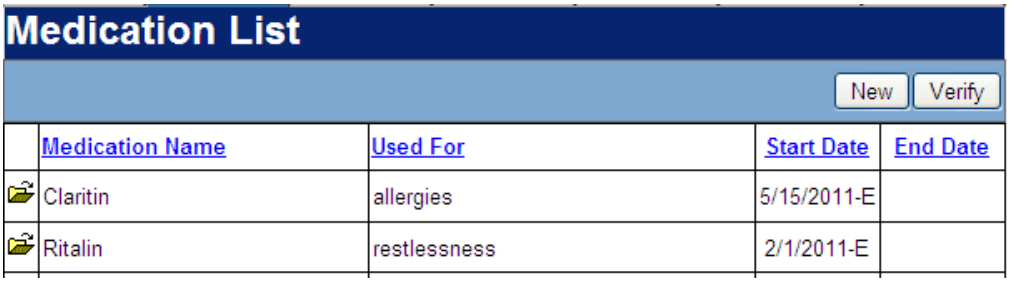
All date fields in the POC require an actual date entry. If the family is unable to provide the actual appointment date, they would estimate when it occurred and you would document that date and indicate it is an Estimated date.

MEDICAL INFORMATION

Relevant information about the youth and family as well as substance abuse, developmental history and previous hospitalizations are all entered on this page. If medication, dosage and/or compliance with taking medications has changed since the last Plan of Care – that should be documented in the Relevant Medical Information section.

MEDICATION LIST

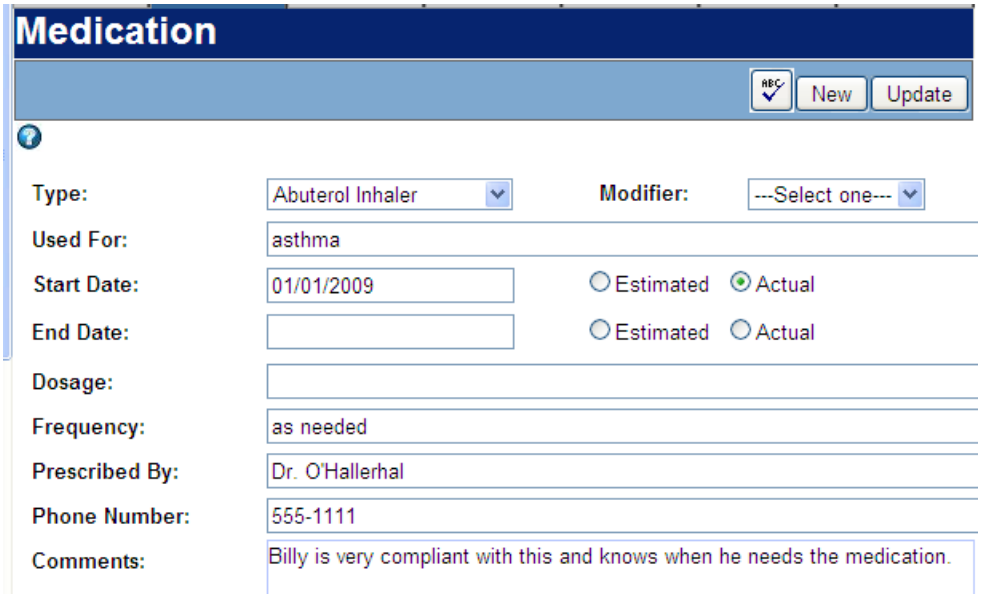
All medications the enrollee is on – including those for medical conditions – should be included on the medication list. When a medication is no longer being taken, you will mark it as Inactive.



Medication List

New | Verify

	Medication Name	Used For	Start Date	End Date
	Claritin	allergies	5/15/2011-E	
	Ritalin	restlessness	2/1/2011-E	



Medication

New | Update

Type: Abuterol Inhaler Modifier: ---Select one---

Used For: asthma

Start Date: 01/01/2009 Estimated Actual

End Date: Estimated Actual

Dosage:

Frequency: as needed

Prescribed By: Dr. O'Hallerhal

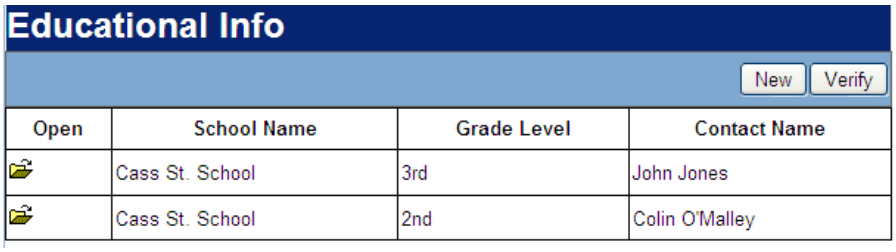
Phone Number: 555-1111

Comments: Billy is very compliant with this and knows when he needs the medication.

Start and End Dates: If specific dates are unknown, the enrollee / family would estimate these dates and you would indicate that the date is an estimate.

Comments: Include here any changes in the medication dosage, compliance with taking the medication, side effects, and, if ended, the reason for discontinuing the medication.

EDUCATIONAL INFORMATION

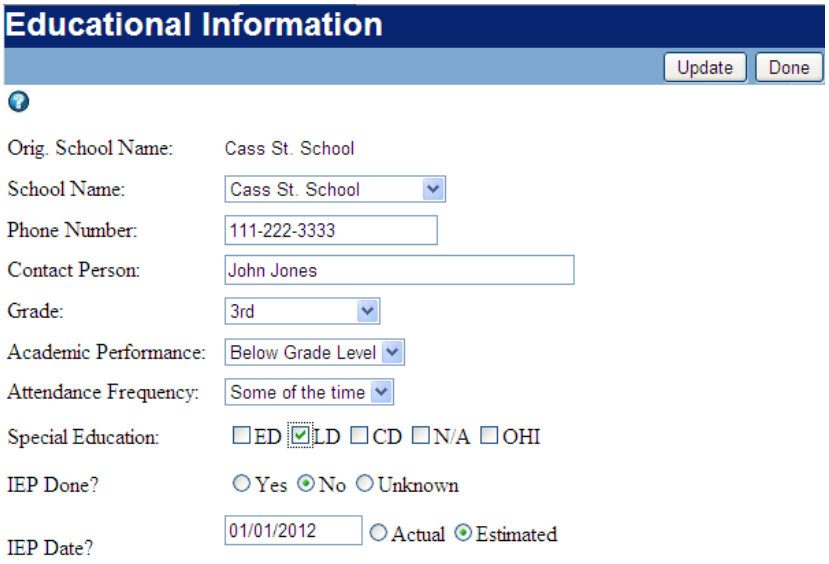


Educational Info

New | Verify

Open	School Name	Grade Level	Contact Name
	Cass St. School	3rd	John Jones
	Cass St. School	2nd	Colin O'Malley

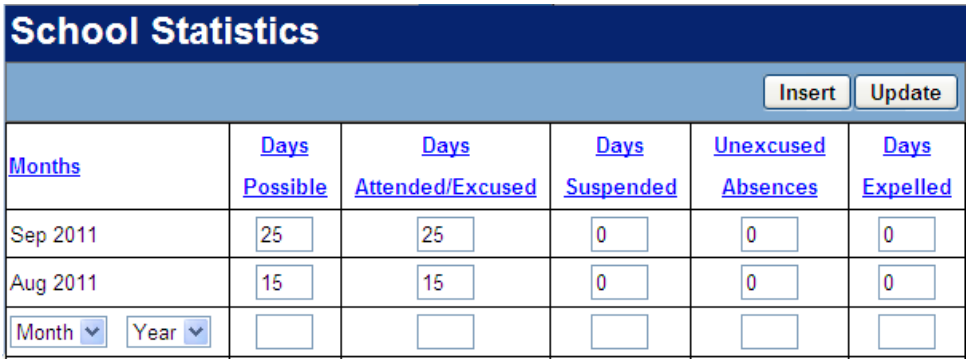
Enter all available school data here. If an enrollee does not have any special education needs, check N/A under "Special Education". Over time, you will have a history of the enrollee's school attendance.



If the enrollee has graduated or is not attending school, there is an option for those in the School Name and Grade drop-down boxes.

STATISTICS

This is where school attendance is reported.



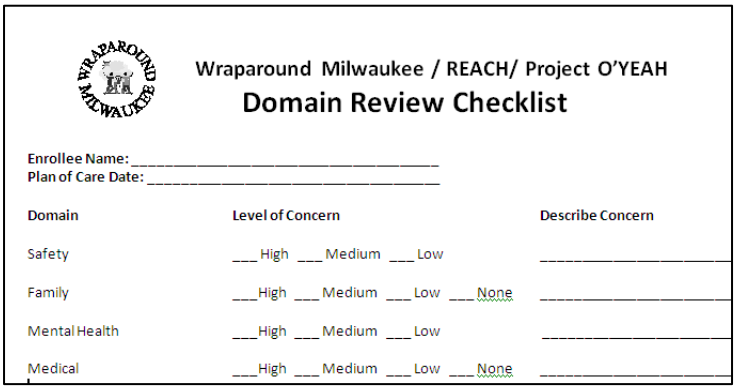
DEFINITION OF SCHOOL STATISTIC ELEMENTS

Days Possible: This number of days that school was actually in session that month.
Days Attended/Excused: The number of days the youth attended or was excused that month.
Days Suspended: The number of days the youth was suspended that month.
Unexcused Absences: The number of days the youth had an unexcused absence that month.
Days Expelled: The number of days the youth was expelled that month.

DOMAIN REVIEWS

At each Plan of Care Meeting, the Team should complete a new Domain Review Checklist. The Domain Review allows the Team to see if new Needs have arisen and helps to prioritize those Needs. The Transition to Adulthood need is only required if the enrollee is age 16.5 or older.

Paper Domain Review Checklist done at POC Meeting:



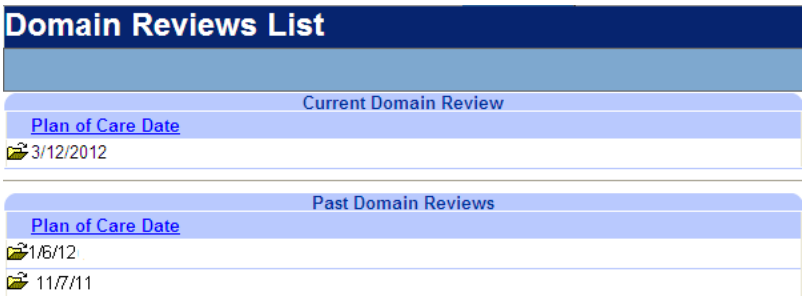
Wraparound Milwaukee / REACH/ Project O'YEAH

Domain Review Checklist

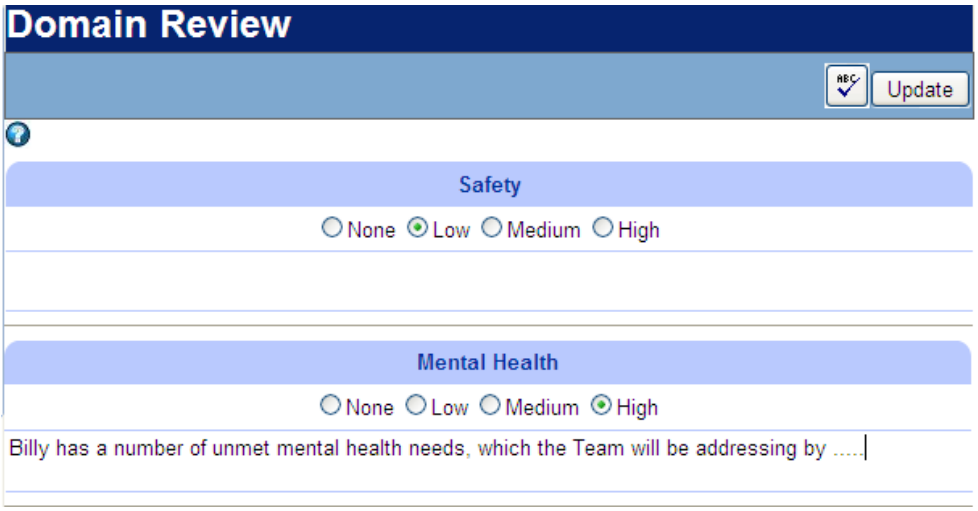
Enrollee Name: _____
Plan of Care Date: _____

Domain	Level of Concern	Describe Concern
Safety	___High ___Medium ___Low	_____
Family	___High ___Medium ___Low ___None	_____
Mental Health	___High ___Medium ___Low	_____
Medical	___High ___Medium ___Low ___None	_____

In Synthesis, a Domain Review is automatically created when a new Plan of Care is created. You cannot enter a Domain Review outside of a Plan of Care, so there will never be a "New" button on this screen.



To enter the Domain Review for the current Plan of Care, click the folder next to the Plan of Care Date:



If a Domain is ranked Medium or High – a description of needs in that area must be written in the notes section.

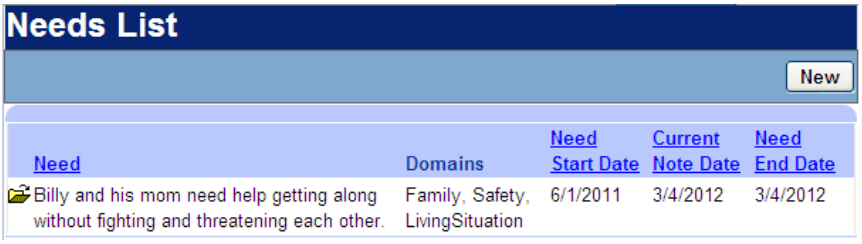
Needs Tab

Development of a Needs Statement or Statements is generally a six-step process. The process includes:

1. Identifying the Life Domain(s) associated with the Need.
2. Establishing the Need Statement or text.
3. Setting Benchmarks for each Need (how will the Team know we are getting closer to meeting this need?)
4. Identifying Start and Anticipated Achievement dates, and an initial "Ranking" of the Need.
5. Associating Strengths from the Strengths Discovery with the Need Statement.
6. Entering a Strategy or Strategies associated with the Need Statement including the person(s) responsible for the Strategy.
7. Saving and finalizing the Need Statement.

**NOTE: A 'Pending Need' can be saved in Synthesis by entering only the Need Text and Life Domain(s) and checking the "Pending?" box. When the Team is ready to add that Need to the active Needs list, all you need to do is uncheck the "Pending?" box, press "Update" to 'unmark' the Need as Pending, and then add in the rest of the required elements.

Main Needs Screen



Need Data Entry Screen

You will include all identified Needs in your first Plan of Care.
For Needs that you are not going to start addressing immediately, you mark those as "Pending Needs" by indicating Yes here.
For Pending Needs, enter only: Domains / Need Text / Pending

You often have more than one Strategy, and you will enter each **separately**. After each entry, click "Add Strategy."

If the Person Responsible is not shown here, you can enter a new Team Member by adding the person's name and role on the Team below.

When all areas of this screen are entered, scroll to the top and click "Insert Need"

Entry of New Needs

Domain Identification - Select the domain or domains associated with the Need Statement. More than one domain may be selected as associated with a Needs Statement.

Need Statements - Needs Statements generally reflect the barriers to obtaining the vision, underlying reasons for behavior or what the enrollee/family would like help with to reach their vision.

1. A concise statement of the need.
2. The date the need was begun, the target date for meeting this need, and the initial "Ranking" of this need. The Ranking should be a number between 1 and 5 – and reflects how the Team feels this Need is being met currently. (1 means the Team feels the need has not been met at all; 5 means the Team feels the need has been fully met.)

Benchmarks - State in descriptive and measurable terms how the team will know they are getting closer to the need being met. Describe how the team will know that the ranking of the need has moved from one number to another.

Select Strengths - Select the appropriate strength or strengths that will assist with the identified need.

Identify Strategy or Strategies Associated with Need Statement, and the Person(s) Responsible for each Strategy- One or more strategies may be identified for each Need Statement. The individual or individuals involved with implementing a strategy must also be identified. Strategies should reflect who, what, when, where and how a need will be met. You can determine the order in which Strategies will print by entering a number in the "Print Order" text box.

You need to save each Strategy individually by clicking on the "Add Strategy" button at the bottom of the Screen.

Changing Strategy Print Order- The print order for the strategies can be changed once the entire need statement has been saved.

Save/Insert Need Statement – To save the Need Statement entry, click on the "Insert Need" button at the top of the screen.

The Need Statement entry is now completed.

Updating or Revising Need Statement

Each Need must be reviewed and updated at subsequent Plan of Care meetings.

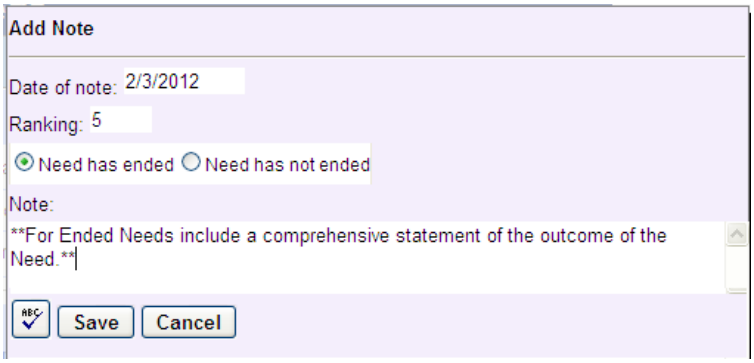
NOTE: A pending Need can be activating by unclicking the "Pending" checkbox, clicking "Update" and completing the rest of the Need entry screen (start and end dates / strengths / strategies / initial ranking, etc.).

At each Plan of Care meeting, each Need is reviewed and updated:

1) Domains linked to this Need are reviewed
2) The Anticipated Achievement Date may change
3) Benchmarks are reviewed and updated as needed.
4) **A Need Note is entered for EACH Need.** The note should describe any changes to the need and **provide a comprehensive update on the status of this need since the previous Plan of Care.** Reference the benchmarks and describe how these are being accomplished. In addition to the Note text, you update the Need Ranking at each POC meeting.
5) Strengths are reviewed, added and deleted as needed
6) The Strategies are reviewed, edited, added and deleted as needed.

Ending a Need

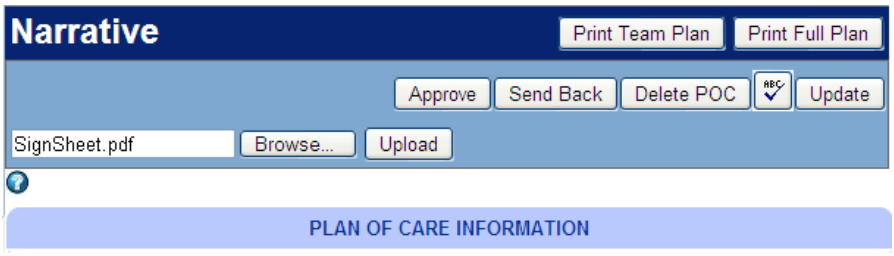
Both pending and active Needs can be ended. When a Need is ended (or when the Team decided to remove a Pending Need from the list), a Need Note is entered as usual. The only difference is that you will check the "Need Has Ended" selection.



A Ranking IS NOT required for needs that were never activated (i.e., for pending Needs).

Plan of Care Signature Sheets

The signature sheet can be uploaded to the POC at any time prior to sending the Plan to Wraparound for approval They MUST be uploaded prior to sending the Plan to Wraparound.



--Click on "Browse"
--Find the file on your PC or server
--Click Upload

ALL UPLOADS OF DOCUMENTS TO SYNTHESIS MUST BE IN PDF FORMAT.

PLAN OF CARE APPROVAL PROCESS

Care coordinator / Transition Specialist level: Prior to submitting the Plan of Care for approval to the Supervisor / Lead, be sure to review each tab to make sure the information is update to date. The POC/Narrative tab will show whether or not each section has been verified:

When a new POC is created in Synthesis, a "Verify" button is generated on each of the component screens to ensure that the care coordinator verifies all information prior to sending the POC on for approval. Go to each tab in the POC section, review the information, and click "Verify" when done. Synthesis will not allow the POC to be submitted for Supervisory approval unless all sections have been verified.

REQUIREMENTS FOR VERIFICATION:

Psych Assessment Tab

1) There must be **at least one** assessment entered that has **both an Axis I and an Axis II diagnosis listed.** (If there is no Axis II diagnosis, there is an option in the list to enter "n/a None Known".)

Vision

1) Some text must be present.

Medical Providers

1) You must have both a Medical/Primary Care provider and a Dental/Orthodontist provider entered.
2) Both must have a Date Last Seen Entered.
    a. If the Date Last Seen is more than 1 year ago, you must have text in the Comments section describing what steps are being taken to get these appointments scheduled.
3) If there is no primary care physician or dentist, in the provider drop-down list, you would select "None at this Time." You'll still need to enter an Estimated Date Last Seen. You would then make a notation on that entry as to what is being done to connect the youth and family to these providers, and this likely would be a Need on the Plan of Care itself as well.

Medical Information

1) You must have a response in each section.
2) For the Developmental, Substance Abuse and Psychiatric Hospitalization History, if 'Yes' or 'Unknown' is selected, text must exist in the Notes box for that section.

Medication List

1) The Verification step simply ensures that this screen is viewed and updated if needed.

Educational

1) The Verification step simply ensures that this screen is viewed and updated if needed.

Domain Review

1) Each Domain must be ranked.
2) For any Domain ranked as a Medium or High Need, text must exist in the Notes box.

Supervisor level: Synthesis automatically notifies the agency supervisor/lead that a POC is awaiting approval. After reviewing the POC for completeness and quality, the Supervisor/Lead can return the POC to the Care Coordinator / Transition Specialist for update or modification by clicking on the "Send Back" button. If the plan meets with the Supervisor/Lead's approval, he/she will submit to Wraparound Administration for final approval by clicking on the "Get Program Approve" button.

Before the Supervisor/Lead can approve the POC:

1) All areas must be Verified
2) An approved Crisis Plan – dated within 30 days of the POC date – must exist.
3) A signature sheet must be uploaded. Requirements on the signature sheet:
    a. Youth and family must sign
    b. Psychologist signature required UNLESS youth is on psychotropic medications, in which case a PSYCHIATRIST OR MEDICAL DOCTOR'S signature is required.
    c. If a signature is missing for any reason, explain the reason why on the signature sheet itself.

Wraparound Administrative Approval – When the POC is approved at the agency level, a login message is automatically generated notifying Wraparound that a Plan needs review. **(NOTE: If the agency has checked the "Forward Plan for Prior Authorization Review" box, that becomes part of the login message to Wraparound and the Plan is forwarded accordingly.)**

PRINTING PLANS OF CARE / FUTURES PLANS

You print Plans of Care / Futures Plans / Signature Sheets from the POC / Narrative screen.

For POCs that are still in process, you click on the folder next to the Plan Date and can print the Team or Full Plan or the Signature Sheet from the data entry screen on the next page.

For POCs that are Completed, you can print the Team or Full Plan directly from the main page by clicking on the folder under "T" or "F", or the Signature Page by clicking on the folder under "S."

Active Plan of Care

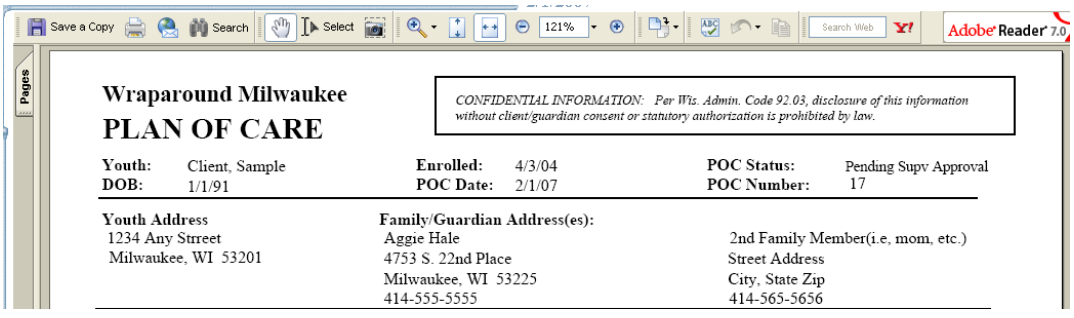
Plan Date	Status	Date Created	Created By
7/1/2012	In Process	7/11/2012	GEORGE BENZ

Completed Plans of Care

T	F	S	Plan Date	Create Date	Created By	Agy Appr Date	Agy Appr By	Wrap Appr Date	Wrap Appr By
			5/1/2012	5/17/2012	Phillip SmiTh	5/17/2012	GEORGE BENZ	5/17/2012	Aggie Hale

After you select a POC to print, a screen similar to the one below appears. Click on the Printer icon to print the report.

Sample View of Report Screen



Select the printer icon to print the report;
Select Save a Copy to save the report

SIGNATURE SHEET

Include the enrollee's name, DOB and the POC date on the top of the page.

REQUIRED SIGNATURES are those of the Youth, Parent/Legal Guardian, Care Team Psychologist/Psychiatrist and Prescribing Physician (if applicable).
Attendance boxes (Yes or No) should be marked accordingly.

Team members should be encouraged to sign the signature sheet, as an indication that they were at the meeting. Indicate if the POC is being submitted as part of a Prior Authorization. If yes, mark the appropriate box.

Writer's Guide for Developing an Individualized Crisis Safety Plan

- **<u>Individualized Crisis Safety plan should be written or revised when the following occurs</u>:**
  - Within the first week of meeting a family; sooner if needed.
  - Within 24 to 48 hours of a major crisis.
  - Whenever a youth or family moves to a new residence, placement or school.
  - When a new team member joins the team and will be part of the crisis invention plan.
  - When the youth or family experiences a major life event; such as the death of a loved one, divorce, witnesses or is part of a violent act, etc.
  - When a youth has run away.
  - When youth has had new charges filed against him/her.
  - When new safety concerns arise (*even if a crisis hasn't occurred*).

- **<u>Family Definition of Crisis</u>**
  In the family or caregiver words, what do they define/describe as the issues that may lead to a crisis in the future? (*Families may need you to remind them of the event that lead up to the recent referral or may need help exploring any patterns around past contacts*). This should also include or relate to why a youth or family is on a court order, any observable safety concerns and behaviors (*for example; when John becomes aggressive and begins to destroy property such as breaking windows, punching walls, etc.*).

- **<u>Interests and Strengths</u>**
  List functional strengths that will actually be used in the plan to prevent or resolve the crisis defined above. Include strengths of any family or team member that will be instrumental in diffusing or preventing the crisis.

- **<u>Risk Factors</u>**
  - Precipitating events, triggers or warning signs that lead to an escalation of the crisis.
  - Life changing events such as death, divorce, marriage, removal of a family member, new place to live, new baby, domestic violence, loss of employment, etc.
  - History of specific safety concerns or frequent hospitalizations.
  - Intense fears; such as being in the dark, closed spaces, being touched, etc.
  - Negative affiliations; such as gangs, cults, etc.
  - Concerns related to caregivers ability to respond to crisis; such as physical or cognitive limitations.
  - Impetuous behaviors that could trigger or lead to a crisis; for example, youth pacing the floor, refusing to talk, inconsistent sleeping patterns, etc.
  - Court ordered supervision and safety requirements (*for example, adjudicated sex offenders cannot be around children under the age of twelve, or a youth who has been adjudicated for carrying a concealed weapon cannot possess or be around any firearms or weapons*).

- **<u>Relevant Medical Information</u>**
  Be sure to include the following:
  - Ongoing medical concerns or conditions and any prescribed drugs to treat them.
  - Allergies (*such as seasonal allergies, bee stings, certain foods, latex, cats, etc*.) and indicate treatment, if necessary.
  - Recent changes in medications and why.
  - Recent injuries or current physical disabilities.
  - If pregnant – indicate due date.

- History of any major surgery.
- Recent injuries.

- **<u>What Helps the Caregiver</u>** (*"Caregiver" includes placement staff or Treatment Foster Parent, if youth is placed out of his/her home.*)
  Questions to ask the caregiver:
  - What's helpful for you to do, or not do, when a specific crisis occurs?
  - When past crisis situations have occurred, what has worked for you?
  - When your child is acting out of control, what do you normally do? Have you noticed if that makes the situation better or worse?
  - What helps you stay calm in a crisis?
  - Who do you contact to help you through a crisis?

- **<u>Family and Community Supports</u>**
  This section can act as the "phone list" for any users of the crisis plan.
  - List full name, role or relationship, contact number and address, if available.
  - List names in order of suggested use.
  - Include family members, friends and community resources that can support the family at time of crisis.
  - Include any mobile crisis service or community help lines.

- **<u>Resources to use in a Crisis</u>** - What places in the community might help?
  List places in the community where the youth can go to help diffuse a crisis situation. This should be specific to the youth and family. General community resources/places, safe havens that have no connection to the identified crisis would not be beneficial for the youth or family. The community places/resources that are selected should be practical and accessible to the youth, family and child and family team members.
  - May include a neighbor's, relative's or friend's home, Boys & Girls Club, etc.
  - Team members must agree on where the youth can go.
  - The intention is to allow/provide alternatives for the youth to cool off and feel safe.
  - Can be used as a place to go for several hours or overnight, if necessary.
  - May include formal respite (*it is best to introduce the family to the place <u>before</u> the crisis occurs*).
  - Include address and phone contact, if not listed above.

- **<u>Specific Strategies to Prevent/Resolve Crisis</u>**
  What specific steps should we use?
  - Clear steps to take for each specific crisis situation identified in question #1.
    For example:
    1. When youth becomes aggressive:
       A.
       B.
       C.
    2. When youth comes home high:
       A.
       B.
       C.

3. When youth is disruptive at school:
   A.
   B.
   C.

General guidelines:

- List steps in order, with the least restrictive strategies first.
- Steps have to be realistic in a crisis situation – state who will be doing what steps.
- Include steps for caregivers/adults in all environments – school, home, placement and community. This provides accountability and helps clarify individual responsibility.
- Family and team members must agree to the steps – be careful not to list steps that sound right to you. (*Note: It won't help to list "Call Police", if the police don't respond quickly in their neighborhood*).
- All steps should be based on functional strengths of the family and team.