

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 6/25/12 By: MJM Last Revision: 1/5/12	Section: ADMINISTRATION	Policy No: 001	Pages: 1 of 3 (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: 1/1/12	Subject: CARE COORDINATION SUPERVISOR RESPONSIBILITIES		

I. POLICY

In keeping with the standards set for quality care coordination, Wraparound Milwaukee requires that all Care Coordination Agencies adhere to the following expectations for Supervision.

II. PROCEDURE

A. Qualifications.

A Master’s prepared Social Worker, Psychologist, Nurse or other master’s level healthcare professional with at least one year’s experience in having been a Care Coordinator with the Wraparound Milwaukee program or a person with a BS/BA degree in a healthcare related field with at least three years experience in care coordination or in-home treatment – one of which must have been acquired in the Wraparound Milwaukee program, or with approval from Wraparound Milwaukee Administration.

B. Requirements.

The Supervisor shall not carry or maintain a regular caseload. In the event Supervisors are in the position of coverage due to staff loss, Wraparound Milwaukee Management must be notified and must authorize this coverage in writing. Additionally, Care Coordination Supervisors may not be assigned to supervise other programs within the Agency.

C. Duties and Responsibilities.

1. Promote a welcoming agency culture of family inclusion and include families in clinical staffings and agency meetings whenever possible.
2. Notify the Clinical Coordinator of Enrollments via email immediately when a new Care Coordinator has been hired, resigns, has a change in name or phone, cell and/or pager numbers. Include the Care Coordinator’s name, phone number (including pager and cell phone numbers) and email address, and supply relevant information (i.e., date of hire, date change in information is effective, etc.).
3. 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 an APPLICATION FOR SYNTHESIS LOGIN ID form (*see Attachment 2*) in order to receive a Synthesis Login ID. The completed (signed and dated) APPLICATION FOR SYNTHESIS LOGIN ID for can be faxed to the Wraparound Milwaukee Administrative Office – attention Synthesis Help Desk. Access to Synthesis will not be available until this form is received.
4. Maintain employee files that include a statewide background check in accordance with the Wraparound Milwaukee Caregiver Background Check Policy #057, Care Coordinator’s resume and proof of qualifications, and 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 has the right to periodically audit Agencies to assure compliance.

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5. Promote professional demeanor, presentation and appearance with all Care Coordinators.
6. Provide orientation and training in the wraparound process (in addition to the required 70 hour certification training and Family Orientation) to all new Care Coordinators, promoting individualized care and the use of natural/informal supports and community resources.
7. Provide Care Coordinators with tools to maintain safety (i.e., cell phones, pagers, inservices on community safety) and remain receptive to Care Coordinators' needs around community safety.
8. Maintain a 24-hour on-call system to assure families' access to Wraparound Care Coordinators.
9. Facilitate monthly family activities. Promote and assist youth in involvement with the Youth Council.
10. Provide weekly individual directive supervision and coaching with each Care Coordinator for a minimum of one hour. Provide ongoing coaching and support regarding Care Coordinator's strengths, areas of need and potential strategies for improvement through the consistent use of team observation measures/3 observations per month and supervision.
11. Facilitate weekly Agency Care Coordinator team meetings to share information regarding Wraparound Milwaukee monthly reports, updates and areas in need of attention.
12. Attend and participate in biweekly Supervisor meetings with the Wraparound Milwaukee Management Team. Provide agenda items to promote discussion of current coaching needs.
13. Regularly attend Child & Family Team meetings and Plan of Care meetings. Assure that Care Coordinators are developing balanced Child & Family Teams (50% informal, 50% formal).
14. Supervisor needs to run at least one team meeting once per year to maintain skill set.
15. Provide Care Coordinators with ongoing assistance for day-to-day issues, as well as crisis situations. Direct them to utilize the Child & Family Team for direction and assistance as much as possible.
16. Assure accuracy and timely submission of all enrollment forms, change of placement notices, SAR's, court letters, progress notes, evaluation tools, Plans of Care (POC's), crisis/safety plans and all other documents requiring Supervisor's signature/approval. Assure that accurate family demographic information is maintained online.
17.
 - a. Review POC's and crisis/safety plans prior to signing/approving to assure that the plans promote the family vision, utilize functional strengths, identify appropriate needs and clearly related strategies. Assure that all team members receive copies of completed POC's in a timely manner.
 - b. Assure all documentation, including Progress Notes, Referrals for treatment or placement, Court Reports, etc. are done in a strength-based manner.
 - c. Submit requests for Out-of-Home Care and Day Treatment with up-to-date POC's.
18. Promote utilization of community resources and supports that are culturally relevant to the family.
19. Monitor service authorization requests to assure that the Team has clearly defined in the Plan of Care the need for the requested service and have made fiscally sound decisions regarding the provision of services.
20. Monitor all court-related activities (i.e., court appearances, acquisition of court orders, court extensions or revisions, permanency planning reviews and court letters).
21. Attend all Initial Visits for all new families.
22. Attend court and Team/Plan of Care meetings with all new Care Coordinators for the first six (6) months of their employment.
23. Review court letters for appropriateness, accuracy and timeliness prior to submitting them to Wraparound Milwaukee for approval. Attend all court hearings pertaining to potential out-of-home placement or revision to corrections.
24. Support Care Coordinators in facilitating family independence through a sustainable transition plan starting from day one. Review all pending disenrollments with Care Coordinators prior to submission of the Disenrollment documentation (*see Disenrollment Policy #016*).
25. Attend all Disenrollment Plan of Care meetings for all Care Coordinators to assure adequate transition planning.

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26. Keep Wraparound Milwaukee informed of emergency or critical incidents (refer to Policy #014 – Critical Incident Reporting).
27. Provide coverage for Care Coordinators, as needed, and assure that families are aware of the coverage plan during absences and vacations.
28. Notify Wraparound Milwaukee immediately of all family assignment changes as outlined in Policy #006 – Changing Care Coordinators.
29. Attend all trainings and inservices and assure that Care Coordinators do the same. Assist in coordinating of monthly topics.
30. The Care Coordination Supervisor 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.

Reviewed & Approved by: _____

Bruce Kamradt

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:

ADD NEW CARE COORDINATOR

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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.

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

SYNTHESIS - OFFICE USE ONLY

Reviewed/Created by: _____ Date: _____