

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 5/6/04	Reviewed: 10/3/12 By: PE Last Revision: 11/1/12	Section: ADMINISTRATION	Policy No: 032	Pages: 1 of 3 (1 Attachment)
☒ Wraparound ☒ Wraparound-REACH ☐ FISS ☐ Project O-Yeah	Effective Date: 1/1/13	Subject: CLIENT CONTACT			

I. POLICY

It is the policy of Wraparound Milwaukee that youth and families are seen on a regular basis to facilitate the team process, collaboration and the provision of care. Care Coordinators submit the number of hours spent in Care Coordination activities with each youth/family each month. Family contact refers to either the youth's parent or guardian, or to the youth's permanency plan resource (such as adoptive home, relative, etc).

Regular contact is made for the purpose of:

- Monitoring the provision of services.
- Monitoring the youth and family's satisfaction with these services.
- Reviewing the status of the youth and family.
- Reviewing any safety concerns.
- Identifying new concerns and/or unmet needs.
- If the youth is not in his or her permanency plan placement, to review the status of the current placement and progress made to meet the needs required to achieve permanency.

Initial Contact (*Face-to-Face*) must occur within the first seven (7) calendar days of enrollment (*first 5 working days*).

NOTE: Reference to all "face-to-face" contact in this policy applies as follows unless otherwise indicated.

For Wraparound Milwaukee Care Coordinators:

An average of 14 hours per month of service time for each youth/family is expected.

Weekly face-to-face contact (and/or documented attempts) with the youth **and** family is required unless indicated otherwise in this policy. At least eight (8) hours of the service time logged per youth/family per month should be crisis hours.

For REACH Care Coordinators:

An average of 8 hours per month of service time for each youth/family is expected.

Bi-weekly face-to-face contact (and/or documented attempts) with the youth **and** family is required unless indicated otherwise in this policy. At least four to five (4-5) hours of the service time logged per youth/family per month should be crisis hours.

II. PROCEDURE

- A. Care Coordinators will report service time spent each month with each youth/family; this time will be reported on-line through the electronic Progress Notes.

Service time includes:

1. Face-to-face contacts for the duration of enrollment – (include travel time) – with youth and family members/caregivers and collaterals.

Face-to face contacts may be done with the youth and family together or separately. If the youth is residing at home, it is preferable that the face-to-face contacts be made within the home setting. If the youth is in out-of-home placement, the family contact can be with either the youth's placement Provider(s) or with the youth's family. However, face-to-face contact with both of these parties must occur at least every two weeks.

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If the youth is in a placement more than 60 miles outside of Milwaukee County, monthly face-to-face contact with the youth is required. Video conferences are not considered face-to-face contact. Weekly phone contact between the youth and Care Coordinator is required during these placements. The requirement for face-to-face contact with the family is unchanged.

If the family indicates they do not desire the required face-to-face contact, this must be referenced in the Progress Notes each month. At a minimum, families must be seen on a face-to-face basis at least monthly, and phone contacts with the family need to occur at least every other week. The enrolled youth must still be seen on a weekly basis for Wraparound/bi-weekly for REACH, even if the family desires less frequent contact.

2. Phone contacts (by Care Coordinator to client, family members/caregivers or collaterals).
3. Team meetings, Plan of Care meetings, youth-specific staffings, court appearances with the youth/family (include travel time).
4. Consultations (with supervisor, Wraparound staff or other Providers) that pertain to the youth/family (include travel time).
5. Documentation time (including note writing, developing Plans of Care/Court documents, etc.).
6. Crisis Time (assessment and planning, linkage and follow-up, crisis stabilization).
- see Attachment 1, as it relates to identifying activities as crisis time.

B. Only one Care Coordinator per youth may submit service hours for services each month. However, if the identified Care Coordinator is out ill, on vacation or on a leave for an extended period of time (2 weeks or more), another Care Coordinator may submit hours for the service time spent under the identified Care Coordinator's time for that month. A Note documenting who will be providing the coverage must be entered into the youth's file prior to the Care Coordinator going on vacation/leave. If the Care Coordinator is carrying the Crisis Pager for the Agency on the weekend or evening, then they can record the service time under that youth with whom they might have had phone or face-to-face contact with. Adequate and clear documentation regarding the "covering" Care Coordinator's role or reason for seeing the youth or family must be evident.

C. If two Care Coordinators are going out to see a youth or family together (i.e., when the family is being transitioned from one Care Coordinator to another, when there are safety concerns, a seasoned Care Coordinator is mentoring a new Care Coordinator, or a seasoned Care Coordinator is going to Court with a new Care Coordinator), both Care Coordinators cannot claim service hours attributable to that youth. The secondary Care Coordinator can put a note in the youth's file if he/she desires (as an addition to the primary Care Coordinator's note), but the primary Care Coordinator is the only one that can claim service time hours. The secondary Care Coordinator would put in what "type of note" the contact referenced, but should put zero (0) hours under the "Total Hours" area of the note.

D. If two Care Coordinators are required to go out on a Crisis call, one of them being the primary Care Coordinator, both Care Coordinators can claim service hours if the following occurs: Medicaid guidelines indicate that more than one staff can bill for Crisis Intervention services being provided simultaneously to one recipient, if more than one staff is needed to ensure the recipients' or the staff's safety (i.e., the recipient is threatening to hurt others) or if the two staff were performing two different, but essential, functions at the Crisis location (i.e., one staff is intervening with the youth and the other staff is intervening with the family). The Care Coordinators should only claim the separate Service Time hours for what they did that was distinct. Travel time and documentation time related to the Crisis would be recorded as Crisis Time.

III. SPECIAL SITUATIONS

A. Youth on Runaway Status.

1. Required face-to-face contact with the families is still required unless otherwise requested by the family.

2. In addition, the Care Coordinator must document any attempts to engage the youth (i.e., if the youth contacts the Care Coordinator via phone, shows up for an activity or meeting, etc.) while he or she is on Runaway Status.
- B. **Youth Remanded to Corrections.**
1. Required face-to-face contact with the families is still expected unless otherwise requested by the family.
 2. A disenrollment Plan of Care meeting must be held with the family and youth to develop a transition plan with sustainable resources.
- C. **No-Shows for Scheduled Appointments or Home Visits.**
1. If contact with the youth or family is unsuccessful (i.e., the youth is not at the group home at the time of a scheduled weekly visit, the family is not at home when the Care Coordinator arrives for an appointment, etc.), the Care Coordinator must follow up with the youth and/or family and attempt to reschedule those weekly Wraparound/bi-weekly REACH contacts. At least two attempts to contact the family must be documented.
 2. If the youth or the family is a no-show two consecutive weeks for Wraparound or three consecutive weeks for REACH, the Care Coordinator needs to consult with his or her Supervisor regarding the situation. This consultation must be documented in the youth's Progress Notes along with the Notes documenting attempts made at rescheduling.
 3. If the youth or the family has two consecutive no-shows, the Care Coordinator must document what alternative strategies have been employed to engage the youth and family. Documentation must show what the Care Coordinator is trying to do differently in an attempt to reconnect with the youth and/or the family.
- D. **Scheduled or Unscheduled Care Coordinator Absence.**
1. If the Care Coordinator is on vacation, sick leave or planned absence, the youth, family and team are to be informed of the dates of the Care Coordinator's absence and who is covering for him or her. The option of required contacts (phone/face-to-face) with the covering Care Coordinator should be given to the family and documented in the Progress Notes.
 2. If the Care Coordinator's absence exceeds two weeks, expected face-to-face contacts and corresponding documentation with the youth and with the family are then required of the covering Care Coordinator as referenced in this Policy.
 3. If the Care Coordinator is on an emergency leave or other unscheduled absence of more than one week, it is the responsibility of the Supervisor/Lead at the Agency to ensure that youth, families and teams are informed of the Care Coordinator's absence and coverage plan. Contact requirements are the same as outlined for covering during a scheduled leave of absence.

Note: *There must be a corresponding note in the youth's chart for every contact made and/or for any activity that Care Coordinators are utilizing toward service hours/crisis time.*

Reviewed & Approved by: _____



Bruce Kamradt, Director

WRAPAROUND MILWAUKEE
Crisis Documentation Guidelines
REVISED: July 26, 2012

MEDICAID USES THE FOLLOWING DEFINITIONS (taken from HFS 34)

1. **“Crisis”** means “a situation caused by an individual’s apparent mental disorder that results in a high level of stress or anxiety for the individual/persons providing care for the individual or the public that cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.”
2. **“Crisis Plan”** means “a plan prepared under s.HFS 34.23 (7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the person’s individual service needs.”
3. **“Emergency Mental Health Services”** means “a coordinated system of mental health services that provides an immediate response to assist a person experiencing a mental health crisis.”
4. **“Response Plan”** means “the plan of action developed by program staff under s.HFS 34.23 (5) (a) to assist a person experiencing a mental health crisis.”
5. **“Stabilization Services”** means “optional emergency mental health services under s.HFS 34.22 (4) that provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization.”

Activities to be coded as Crisis Time

Covered services vary by individual, because the definition of a Crisis is different for each person. Activities you should include as “crisis time” on your Progress Notes would include the following:

- 1) All direct contact (phone or face-to-face) with the enrollee, the parent/guardian, or the current caretaker.
- 2) Any time spent in responding to the enrollee’s needs regarding a disruption in placement.

Activities to be coded as NON-Crisis Time

All other time, including contacts with collaterals, documentation time, etc., should be listed as “non-crisis time” on Progress Notes.