



WRAPAROUND MILWAUKEE



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2013
WRAPAROUND
MILWAUKEE
QA/QI
PROGRAM DESCRIPTION
& WORKPLAN

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I. QA/QI Mission Statement

To ensure quality care and promote continuous quality improvement of services and processes in order to meet the needs of the youth, families and young adults being served.



Goals

1. To assess the effectiveness of the wraparound approach in improving the quality of life for the youth, families and young adults.
2. To ensure youth/family/young adult access to care and services that are individualized, strength-based, culturally sensitive, needs-driven & trauma informed.
3. To join with all community and system partners to create opportunities for positive programmatic and systemic change.
4. To establish policies and procedures that promote and ensure best practice and quality service delivery.
5. To assess and monitor outcomes and implement change.
6. To monitor service provision to ensure quality care.



II. QA/QI Executive Committee Roster



Members

Pam Erdman, MS, OTR – Wraparound QA/QI Director – **Chairperson**

Wes Albinger, MS – Wraparound Provider Network Coordinator

Cathy Duster – State of Wisconsin – DHS – Medicaid Contract Contact

Pam Fleider, RN, MA – Alternatives in Psychological Consultation - Provider Network Representative

Steve Gilbertson, Psychologist – Wraparound Clinical Coordinator

Melissa Graham MSW, CSW – Wraparound Administrative QA Coordinator

Margaret Jefferson – Director, Families United of Milwaukee, Inc.

Bruce Kamradt, MSW – Wraparound Program Director

Stacy Kozel – MSW, LCSW – Wraparound/REACH/FISS QA Coordinator

Diane Krager, OTR – Contract Administration – QA Wraparound Liaison/DHHS QA Coordinator

Kenyatta Matthews – MS – Wraparound Fiscal Coordinator

Brian McBride – O’YEAH Program Coordinator

Mary Jo Meyers, MS – Wraparound Deputy Director

Teresa Smith – MCDA-RC QI Coordinator

Makalah Wagner - State of Wisconsin – DHS

Tracie Zimmerman - Wraparound Quality Assurance Technician

Debbie Zwicky, BS – St. Rose Youth and Family Center, Inc. – Provider Network Representative

Wraparound Family Representatives: Several Parents/Caregivers are involved in every meeting. Regular attendees include: Joyce D., and Dorothy N., Marion G., Shirl B.

Wraparound Youth Council Representatives: Open invitation is extended to any Youth Council members that would like to attend.

Guest/periodic attendees are also welcome!

III. Quality Assurance Program Description and QA

Components

In compliance with 42 CFR 434.34, and 42CFR Part 400, Medicaid Managed Care Requirements Subpart E

1. Program Description/Responsible Parties:

Wraparound Milwaukee is a Special Managed Care Organization serving youth and young adults with complex emotional, behavioral, mental health needs, and their families. Wraparound strives to provide quality services that have a positive impact on the youth's/ young adult's mental health functioning, school and work performance, sense of community/social responsibility and living environment, while maintaining the youth/young adult in the least restrictive, community-based setting possible, containing costs, and maintaining expected standards. Wraparound Milwaukee promotes systemic change, develops policies and procedures to ensure quality care and service delivery, promotes Child and Family Team/school/community/Juvenile Justice/Bureau of Milwaukee Child Welfare collaboration and utilizes a diversified Administrative and Consultant team that assesses services/service delivery and provides training in Wraparound philosophy/cultural competency. A structured Intake process is utilized when enrolling youth/young adults into Wraparound and when Provider Applications are being processed to authorize agencies to provide services in the Wraparound Provider Network. A Care Coordinator/Transition Specialist is assigned to each youth/young adult. The Care Coordinator/ Transition Specialist organizes and coordinates care for the youth/young adult.

The primary person responsible for the Wraparound Milwaukee program as a whole is the Director of Wraparound Milwaukee. One component of the Wraparound Program is the QA/QI Department. This department is responsible for ensuring that quality care and best practice standards and measures are being implemented and monitored on an ongoing basis. The QA/QI Director is responsible for all day-to-day QA/QI Departmental operations, supervises 2.0 Quality Assurance Staff, chairs the Executive QA/QI Committee and provides technical assistance to the Department of Health and Human Services Centralized QA Group. (See Attachment # 1 - QA/QI Director Position Description). The QA/QI Director is supervised by the Director of Wraparound.

The Wraparound Milwaukee Management Team is the governing body that provides oversight to the Wraparound Milwaukee QA/QI Executive Committee. Wraparound Milwaukee Management, Providers, Consultants, Advocates, Parents, Youth Representatives and Community Representatives either serve on and/or support the work of the QA/QI Executive Committee/Department.

QA/QI data, studies and the QA/QI Annual Report are available to and/or are shared with the Milwaukee County Director of Health and Human Services and the Milwaukee County Chairman of the Health and Human Needs Committee.

2. QA/QI Related Committees/Groups:

The 2013 QA/QI Flowchart (Attachment # 2) outlines the QA/QI-related Committees/Groups

reporting avenues and feedback loops. Further defined are some of the components referenced in the flowchart.

Executive QA/QI Committee is in part, an extension of the Wraparound Milwaukee Management Team. It includes a variety of Human Service/Mental Health Professionals, along with Parent/Caregiver/Advocate representation. The Committee meets 4 times per year to review data, develop studies, implement activities, review and approve reports, etc. The activities of the QA/QI Committee are documented in the form of minutes.

Critical Incident Review Panel reviews identified Critical Incident Reports. The Panel assures that adequate, appropriate follow-up occurs regarding the Critical Incident and that a plan of action/change was implemented as recommended. This group meets as needed.

Provider Network Enrollment Committee is a group of administrative representatives associated with the programs that utilize the Provider Network in addition to Wraparound affiliated staff. The group assesses service needs, reviews vendor eligibility, qualifications/credentials, reviews vendor history, recommends other avenues for applicants to pursue and explores approaches to preserve fidelity of wraparound principles throughout the Network. The group meets as needed to review applicant requirements or to discuss where there may have been adverse provider activity, i.e. - a complaint, question as to if the provider meets the service requirements.

Wraparound Milwaukee Credentialing Committee is a standing subcommittee of the Provider Network Enrollment Committee and is responsible for administering the Wraparound Milwaukee Provider Network Credentialing Plan on behalf of Wraparound. The Committee is responsible for review and approval of applicants who meet minimum participation criteria with adverse activity. The Committee meets monthly as needed.

Provider Performance Measures Initiative Committee - In 2012, Wraparound Milwaukee launched a Performance Measures Initiative, which will formalize a process for reporting, tracking, and communicating key measures of Provider performance for Network services. These performance measures will be reported as part of Synthesis resource guide information, and will be distributed as reports to key audiences. Provider Performance Reports will also be distributed to Provider agencies for quality improvement and quality management purposes. Five key domains of performance have been identified, taking a pragmatic approach which considers reliability and validity, but also leveraging existing data and systems as much as possible. For most services, one or several existing or newly developed Performance Measures will be reported in each of the following domains: Provider Status Events, Audit Results, Consumer Satisfaction, Fidelity and Service Outcomes.

Centralized Quality Assurance Committee is a group composed of Department of Health and Human Services (DHHS)/Contract Administration personnel, Behavioral Health Division/Wraparound Milwaukee personnel, Children's Court/Juvenile Justice personnel and Wiser Choice/SAIL personnel. The committee provides a forum to discuss quality of care issues, report on quality and fiscal audit/review outcomes, discuss programmatic policies and procedures and promote consistency and uniformity within the County as it relates to quality assurance and Quality improvement. The committee meets monthly.

Partnership Council - The Wraparound Partnership Council is a group composed of community representatives who provide services/support for children, non-agency/service individuals and

current or former Wraparound caregivers. One of the group's goals is to access informal community resources/support- (i.e. clergy members, area business leaders), and to provide advisory support to the Wraparound program.

Family/Provider Advisory Committee – This Committee began in August of 2012. The purpose of the Committee was to provide a forum for open discussions as it related to provider network happenings and policy such as auditing strategies and priorities, provider sanctions and performance measures, service array, policy and procedure development, provider/family concerns and suggestions, etc. The Committee meets every other month.

Sharing of QA/QI information/special reports also takes place at the Wraparound Milwaukee Management/Supervisory Meeting, Group Home Directors Meeting, bi-monthly Provider Network Meeting and at any other committee/group meetings in which QA/QI is of relevance. Task/work groups are assembled as needed to deal with specific areas of need.

3. Quality Assurance Related Program Components/Processes

Access to Care/Services - Youth/families/young adults have access to needed care/services through the Wraparound Milwaukee Provider Network (WPN) and/or established community/informal/natural supports as agreed upon by the Child and Family Team. The QA/QI Executive Committee may provide feedback regarding access issues and concerns. The provision of services is being held to programmatic policy/guidelines, Fee-for-Service Agreement and County/State/Federal standards.

Consumer Satisfaction – Consumer satisfaction surveys are integral part of ensuring that family/youth/young adults are satisfied with both Care Coordination and Provider services. Surveys that address the consumers satisfaction levels with their Care Coordination services are distributed during the first, sixth and twelfth month of enrollment and then yearly afterwards. At disenrollment a Family and Youth Progress Report is completed that addresses both satisfaction and perceived success with having met their identified Needs. In addition, during the 4th and 9th month of enrollment, a Family Provider Satisfaction Survey is distributed that addresses the consumers' satisfaction levels with services they are receiving through the Wraparound Provider Network. The above surveys are mailed and/or given to the family by the Care Coordinator. Families United of Milwaukee – Wraparound Milwaukee's family advocacy and support agency assists with the mailing and distribution process.

In addition, Out of Home Care Satisfaction Surveys are administered after a youth is discharged from a Residential Center or Group Home. This survey is conducted over the phone by Wraparound Milwaukee's family advocacy agency – Families United of Milwaukee, Inc.

All survey results are entered into Wraparound Milwaukee's IT system – Synthesis, for data analysis /interpretation and follow-up as needed.

Provider Performance/Credentials/Measures - Surveys, audits, outcome studies and site visits are conducted to assure quality performance by our Providers. Providers sign a yearly Fee for Service Agreement with Wraparound Milwaukee referencing performance expectations, QA/QI expectations, credentialing and service delivery requirements, etc. Credential requirements are

strictly monitored and enforced. The Provider Performance Measures Initiative Committee was established in early 2012 - see section II. QA/QI Related Committees/Groups for specifics.

Grievances/Complaints - Youth/families/young adults have the right to complain about/grieve any service/procedure/process that they feel has not met their expectations. A formal grievance procedure/policy is in place if the complainant is not satisfied with the resolution/outcome of their complaint. Complaints are entered into Synthesis (Wraparound Milwaukee's IT System) and are investigated in a timely fashion. Providers and any other system partners are also able to initiate a complaint. The complaint/grievance process is subject to ongoing review as the needs of the youth/families/providers/system partners and stakeholders change.

Utilization Management/Review - Utilization Management and Review activities are primarily performed by Wraparound Milwaukee Management staff and the QA/QI Department. Wraparound Milwaukee engages in a utilization management/review process of its service delivery system through the use of reports generated through Synthesis – Wraparound IT System, a manual review of Service Authorization Requests (SARS), prior authorization of Out of Home Care, Day Treatment and inpatient hospitalization, monthly Confirmation of Services Reports sent to families for their review, Mobile Urgent Treatment Team desk reviews of crisis stabilization services/billings, utilization of the Risk Assessment Tool to determine what provider network agencies will be reviewed/audited for the following year, and Care Coordination and Provider Network audits/reviews that address agency, client and fiscal outcomes. All reports are analyzed by Wraparound Milwaukee staff for variances from desired practices. This can be done on a system-wide level and/or on an individual case-by-case basis.

Some of the following reports/data that can be accessed focus on:

- Authorized Services by month by client, program, and vendor
- Expenditures for services provided monthly by client, program and vendor
- Placement Status Report
- Disenrolled Client Report
- Cost Comparison Data
- Plan of Care/RCC Pre-Authorization/Day Treatment Pre-Authorization
- Community Resources tracking
- Crisis Billing
- Submitted/Paid Claims
- Client age, sex, race, diagnosis, referral, residence, and other demographics
- Monthly enrollment reports
- Care Coordination Service/Productivity Hours and Crisis Hours provided monthly and year-to-date
- Reports reflecting compliance standards that have been established for several outcome, process, and structure indicators related to the provision of Care Coordination
- A variety of Vendor Reports and Care Coordination Agency Reports
- Service reports reflecting utilization trends, non-permissible mix of services and over/under utilization.

Special reports may also be produced for specific groups of clients, services, vendors, etc.

Practice and Clinical Review/Oversight by Appropriate Health Professionals and Other Representatives – Clinical/practice review/oversight is conducted through several methods.

- All client Plans of Care must be reviewed at least every 90 days. A licensed Psychologist or Psychiatrist must review and sign off on the Plan.

Guidance/consultation is provided to the Care Coordinator at this time.

- High Risk Reviews are conducted weekly by a Wraparound psychologist on youth that are identified as high risk clients. (High Risk Youth Review - policy #023)
- Medication management/mental health clinical oversight/consultation provided for Care Coordinators and families through monthly meetings conducted by the Wraparound Medical Director and/or other psychiatric colleagues.
- Wraparound Administrative clinical staff and consultants are available at all times to provide consultation to Care Coordinators and Child and Family Teams as needed.

Other QA/QI related issues/documentation are addressed/reviewed by a variety of health professionals associated with the QA/QI Executive Committee/process. These individuals hold the titles of licensed Psychologist, Social Worker, Occupational Therapist and Registered Nurse, to name a few. Other system related individuals are also involved in various review processes related to assuring quality care, i.e. - Parent Representatives/Family Advocates, Fiscal Representatives, Judicial/Court-related Representatives, State Representatives, Education Representatives, Milwaukee Bureau of Child Welfare Representatives and other community people.

Evaluation Data Collection on Behavioral and Clinical Outcomes - The Wraparound Milwaukee evaluation process includes the collection of data pertaining to each individual youth/young adult before and during treatment in the program. Some data is also collected post disenrollment. The evaluation/performance data collected and analyzed includes - functional performance, community behavior, psychiatric symptomatology, living situation/place of residence, school participation/performance, juvenile justice involvement, family satisfaction/quality of care, resiliency, recovery, access to services, recidivism and cost management outcomes.

Wraparound Milwaukee provides interpretation of the data for dissemination to families, Care Coordination Agencies, Providers, Government Officials, Juvenile Justice Personnel, and/or other stakeholders.

Wraparound Milwaukee makes programmatic changes through the interpretation of the data collected, i.e. - Continuous Quality Improvement (CQI)

Data is reviewed for sources and types of variance from the established standards of Wraparound Milwaukee and other agencies providing similar services. These variances are reviewed by Wraparound Milwaukee Management and the Executive QA/QI Committee for appropriate action.

IV. Quality Improvement **Fidelity/Process Indicators/Timeline**

Wraparound Milwaukee implements changes in its program based on QA/QI outcomes/processes, data reports/queries, and other data source findings. Surveys, quality and fiscal audits/reviews, interviewing, utilization review, and submission of mandatory data are some of the means of collecting information. From this information, reports/data/processes are

reviewed and changes are implemented when warranted. The effectiveness of the implemented action is then monitored and adjusted until an acceptable outcome is achieved.

Reports/studies/audits/reviews reflect the work of the QA/QI Department in collaboration with other Wraparound-associated Departments, affiliated Agencies, Community/Family Representatives, the Milwaukee County Department of Health & Human Services (DHHS) Centralized Quality Assurance personnel and other stakeholders.

The objective of the QI Plan/Timeline is to provide a framework to monitor and evaluate the established indicators, and the quality and appropriateness of youth/family care. Through the information produced from this monitoring, Wraparound Milwaukee will pursue opportunities to improve care and resolve identified concerns. QA/QI efforts are client and family driven, and mental health/system/cost outcome oriented and rely upon data generated by Wraparound Milwaukee and its affiliates as well as that developed by outside sources. The Quality Improvement/Quality Assurance Timeline for 2013 is attached. (See Attachment #3). The Timeline identifies QA/QI tasks/responsibilities and their implementation dates.

Referenced in the following Table are Fidelity and Process Indicators that are monitored and analyzed in an effort to ensure quality outcomes and improve processes.

FIDELITY MEASURES		
Indicator	Monitor	Frequency/Measurement
<p>1. Functioning – Level of clinical functioning is monitored through the administration of the Achenbach Evaluation Tools – the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR)</p> <p>-----</p> <p>-</p> <p>The Child and Adolescent Needs and Strengths (CANS) assessment tool is being administered for those youth in foster care</p> <p>-----</p> <p>The O’YEAH Program, serving young adults age 16.5 – 24y.o., is involved in the National Outcome Measures (NOMs) system—developed jointly by SAMHSA, the states, and the District of Columbia. This tracks and measures real-life outcomes for people in recovery from mental health and substance abuse disorders in 10 Domain areas.</p>	<p>Care Coordinator/Transition Specialist, Wraparound Research Consultant, Wraparound IT System</p>	<p>Wraparound is currently administering the Achenbach tools on all Wraparound enrollees at enrollment, 6 months, annually and at disenrollment.</p> <p>-----</p> <p>The CANS is being administered upon the youth entering foster care and then every 6 months thereafter as long as the youth remains in the out of home placement.</p> <p>-----</p> <p>The NOMs is administered at enrollment, every 180 days thereafter and at disenrollment.</p>
<p>2. Living Environment - While enrolled in Wraparound, the percentage of days that a youth spends in a restrictive setting will decrease.</p>	<p>Care Coordinator and Wraparound IT system</p>	<p>This will be measured by comparing the percentage of days in a restrictive setting (Inpatient, RCC, Detention, Group Home and Shelter Facility) to the percentage of days in a community-based setting (home, foster care, living with a relative or independent living). The time frames for the collection of this data will correspond to the Care</p>

		Coordination Agency Performance Report time guidelines (2x's year).
3. <u>Community Safety</u> - Criminal charges and adjudication's will decrease while the youth is enrolled in Wraparound.	Care Coordination juvenile justice data entry, Wraparound IT System	This will be measured by comparing enrollment entry adjudications and formal charges data to the number of adjudications and formal charges during enrollment.
4. <u>School</u> - Youth school attendance will improve during their time in Wraparound.	Wraparound Care Coordinators and Wraparound IT System	This will be measured by comparing the total number of school days possible to the total number of school days attended at monthly intervals during enrollment. This data is tracked on the Plan of Care.
5. <u>Family Satisfaction - Care Coordinator</u> - Caregivers and youth must be satisfied with Wraparound Milwaukee Care Coordination services.	Wraparound Milwaukee Quality Assurance Department, Families United of Milwaukee, Inc., Wraparound IT System	Wraparound Milwaukee in collaboration with Families United of Milwaukee, Inc. will distribute Family Satisfaction Surveys to every youth/family enrolled in Wraparound. These surveys are mailed at 1 month, 6 months, 1 year, 2 years, etc. and at disenrollment. An average score of 4.0 out of a rating scale of 1-5 is the established threshold. Survey data is compiled and reported 2x's a year on the Care Coordination Agency Performance Report.
6. <u>Family Satisfaction - Provider</u> – Caregivers and youth must be satisfied with Wraparound Milwaukee and its Provider Network services.	Wraparound Milwaukee Quality Assurance Department, Families United of Milwaukee, Inc., Wraparound IT System	Wraparound Milwaukee in collaboration with Families United of Milwaukee, Inc. will distribute Family Provider Satisfaction Surveys to every youth/family enrolled in Wraparound Milwaukee. These surveys are mailed during the 4 th and 9 th months of enrollment. An average score of 4.0 out of a rating scale of 1-5 is the established threshold. Survey data is ongoingly compiled and reported 2x's a year in the QA/QI Semi-annual Report. Survey results are forwarded to Providers. Providers are asked to respond to surveys that reflect negative comments.
7. <u>Care Coordinator Productivity/Service Hour Time</u> - time spent per month, per family providing services to the youth/family or engaging in service– related communication/collaboration with the Child and Family Team members.	Care Coordinator and Wraparound IT System	Fourteen (14) hours (8 hours for REACH), per month per family. (This includes 8 hours of crisis billable time for Wraparound and 5 hours for REACH). Data is reported 2x's a year on the Care Coordination Agency Performance Report.
8. <u>Face to Face Contacts</u>	Care Coordinator and Wraparound IT System	Wraparound Care Coordinators must average one face-to-face contact (with the youth <u>and</u> parent or other primary caregiver) per week. REACH Care Coordinators must average one face-to-face contact (with the youth <u>and</u> parent or other

		primary caregiver) every two weeks. Data is reported 2x's a year on the Care Coordination Agency Performance Report.
9. <u>Child & Family Team/Plan of Care Mtgs.</u>	Care Coordinator and Child & Family Team, Wraparound IT System, annual Progress Note Audit/Review conducted by the Wraparound QA/QI Department	At least one CFT or POC meeting per family must be held monthly. This must be appropriately documented. This is reported 2x a year on the Care Coordination Agency Performance Report.
10. <u>% of Team Meetings with Informal Support Attendance</u>	Care Coordinator and Child & Family Team, Wraparound IT System	At least one person identified as an Informal Support on the Child and Family Team must be in attendance at the Team Mtg. 50% of the time.
11. <u>Number of Successful Disenrollments</u>	Family/Youth, Care Coordinator, Wraparound IT System and Wraparound Administration	<p>“Success” will be achieved if the cumulative outcome percentage scores in the following areas have met the established “success” threshold of 75% or greater.</p> <ul style="list-style-type: none"> - Parental and youth perception of change as evidenced by the outcome on the Disenrollment Progress Report. - Needs being met as identified in the Needs Ranking Scoring process within the final Plan of Care. - Permanency Plan being achieved (Wraparound youth only). - Clinical perception of change as based on the outcome of the YSR and CBCL. <p>This data is then entered into the Wraparound IT system. Data is reported 2x's a year on the Care Coordination Agency Performance Report.</p>
12. <u>Formal/Informal Supports</u> - Informal supports are described as community resources serving on the Child and Family Team in usually a non-paid role. These individuals may be family members (other than the youth and parent), friends, neighbors, faith-based supports and kinship providers.	Care Coordinator and Wraparound IT System based off of data referenced on the Child and Family Team member list and those individuals utilized within the strategies of the POC Domain/Need areas.	It is expected that on average, 100% of all Child and Family Teams should be utilizing natural/informal supports. At least 50% of the supports on those Teams should be informal. Data is reported 2x's a year on the Care Coordination Agency Performance Report.
13. <u>Family Activities</u> - Every Care Coordination agency is expected to conduct an activity that engages Wraparound youth and their families.	Care Coordination agency and Wraparound QA Department	1x a month
PROCESS MEASURES		
Indicator	Monitor	Frequency/Measurement
1. <u>Plan of Care</u> - POC's must reference all required and	Quality audits/reviews of the POC will be conducted annually by the	The initial POC must be completed within 30 days of enrollment. POC's

<p>applicable life domains, will include a 24 hr. Crisis Plan, will identify child/family strengths and needs, will identify formal and informal/natural/community supports, will be signed off by a licensed psychologist or psychiatrist and will acknowledge that the Child and Family Team was in attendance at the meeting and participated in the creation and/or revision of the POC. POC Audits are conducted by the Wraparound QA Department</p>	<p>Wraparound Quality Assurance Department as specified on the attached QA/QI Timeline. The Wraparound IT System and the Care Coordinator will also monitor compliance.</p>	<p>must then be updated at least every 90 days. Plan of Care quality audit/review results should evidence at least a 90% overall agency compliance score. Timeliness of the Plans is reported 2x's a year on the Care Coordination Agency Performance Report. POC Audit results are reported 1x a year on the Care Coordination Agency Performance Report.</p>
<p>2. <u>Wraparound Client Record</u> - Wraparound client records must be organized and contain all required documentation as per the Client Chart Format policy and procedure.</p>	<p>Client Chart Audits will be conducted by the Wraparound Quality Assurance Department as specified on the attached QA/QI Timeline. The Care Coordinator will also monitor compliance.</p>	<p>Client Record Audits are conducted every two years and should evidence at least a 90% overall agency compliance score.</p>
<p>3. <u>Wraparound Progress Notes</u> - Wraparound Progress Notes in the client records must be written in a manner that abides by the established standards/policy.</p>	<p>Audits/reviews of the Progress Notes will be conducted by the Quality Assurance Department as specified on the attached QA/QI Timeline. The Wraparound IT System and the Care Coordinator will also monitor compliance.</p>	<p>Timeliness of the Progress Notes is reported 2x's a year on the Care Coordination Agency Performance Report. A Progress Note Audit is conducted and reported 1x a year on the Care Coordination Agency Performance Report. The progress note quality audit/review should evidence at least a 90% overall agency compliance score.</p>
<p>4. <u>Service Authorization Request (SAR)</u> - Projected costs and utilization of services is documented every 30 days.</p>	<p>Care Coordinator/Wraparound Fiscal Department/IT system and QA/QI Department track costs/utilization</p>	<p>SAR's are completed monthly by the Care Coordinator and must be entered by the 23rd day of the month for the subsequent month's services. This is done on-line through the Wraparound IT System. Projected costs and utilization of services are captured on the SAR.</p>
<p>5. <u>Submission of Evaluation Tools</u> – Submission of the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR)</p>	<p>The family and youth primarily complete the tool but the Care Coordinator provides guidance as needed. Evaluation tools are required on every enrollee. Data is entered by Care Coordination Agency Support Staff and reports are generated by the Wraparound IT system</p>	<p>Evaluation Tools must be completed by the caregiver/youth and submitted to Wraparound by the Care Coordinator at intake, 6 months, annually and at disenrollment. Submission compliance is reported 2x's a year on the Care Coordination Agency Performance Report.</p>
<p>6. <u>RCC/Group Home/Foster Care/Day Treatment Pre-Authorization and Re-Authorization Process</u> - All RCC/Group Home and Foster Care placements must be pre-authorized/re-authorized.</p>	<p>Designated Wraparound Milwaukee Management and Contract Staff, Care Coordination Staff and Wraparound IT system</p>	<p>For Day Treatment - Documentation must be submitted into Wraparound for pre-authorization. Renewals or re-authorizations of a Day Treatment placement must be submitted 14 days prior to the expiration date of the current authorization.</p> <p>For RCC/Group Homes - Documentation must be submitted into Wraparound for pre-authorization. Renewals or re-authorizations of a RCC/Group</p>

		<p>Home placement must be submitted 14 days prior to the expiration date of the current authorization.</p> <p>For Foster Care - Documentation must be submitted into Wraparound for pre-authorization. Renewals or re-authorizations of a Foster Home placement must be submitted 14 days prior to the expiration date of the current authorization.</p> <p>Compliance is reported 2x's a year on the Care Coordination Agency Performance Report.</p>
7. <u>Timely Submission of Legal Change of Placements, Emergency Change of Placements & Temporary Change of Placement Information</u>	Written notice of a change in a youths living situation must be completed by the Care Coordinator. Wraparound Milwaukee Court Liaisons approve and enter the placement changes into Wraparound's IT system	Emergency Change of Placements must be submitted to Wraparound within 24 hrs. of the change. Legal and Non-emergency Change of Placements must be submitted 14 days prior to the move. This data is reported 2x's a year on the Care Coordination Agency Performance Report.
8. <u>Submission of Team Observation Measures</u> – Facilitator Reviews provide written Supervisory feedback to the Care Coordinator on the Care Coordinator's fidelity to the Child and Family Team and POC meeting process.	Care Coordination agencies submit the Reviews. The Wraparound Milwaukee QA Department tracks the submission. Wraparound Milwaukee Management and Contract staff review the Team Facilitator Reviews	3 Facilitator Reviews per month. Compliance is reported 2x's a year on the Care Coordination Agency Performance Report.

QA/QI OVERSIGHT ACTIVITIES

Indicator	Monitor	Frequency/Measurement
1. <u>Performance Improvement Project (PIP)</u> – A PIP is a mandated State Medicaid Contract report/study that must address either a clinical or administrative topic that the program wishes to further explore in an effort to promote quality improvement.	Wraparound Quality Assurance Department, Wraparound Research Consultant and the State and/or their contracted monitoring Agency	One PIP will be submitted to the State by December 1 st of every year.
2. <u>Wraparound Provider Network (WPN) Provider Credentials</u> – Credential requirements are established and maintained on Agencies/Providers servicing the youth and families enrolled in the program based on the service being provided. Agencies/Providers must be licensed or certified as indicated per the State statutes and/or Licensing and	<u>Monitor:</u> Provider Agencies and Wraparound Milwaukee. Credential requirements are reviewed in conjunction with vendor requests to add direct service providers. This information is kept in the Wraparound IT System. An application process and specific outlined requirements must be met prior to an Agency/Provider being authorized to enter the Network. The Provider Network Enrollment	<p>Updates of Agency/Provider certifications/licenses, etc. occurs on an ongoing basis.</p> <p>Three credentialing checks are initially run on clinical providers entering the network:</p> <ul style="list-style-type: none"> • National Practitioner Data Bank • WI. Department of Regulation and Licensing • OIG – Federal Office of Inspector General

<p>Regulatory bodies where appropriate and/or meet Wraparound service-related requirements. Mental health/AODA providers are credentialed utilizing NCQA compliance standards.</p>	<p>Committee reviews and approves all Provider Applications as outlined or identified in the Provider Network Credentialing and Recredentialing Plan (see Attachment # 4). Mental health/AODA applicants that meet minimum participation with adverse activity must be approved through the Wraparound Milwaukee Credentialing Committee.</p>	<p>In 2013, the Provider Network will consider expanding the OIG credentialing check to be done on non-professional/clinical providers.</p>
<p>3. <u>Provider Performance Measures Initiative</u> - In 2012, Wraparound Milwaukee is launching a Performance Measures Initiative, which will formalize a process for reporting, tracking, and communicating key measures of Provider performance for Network services. Provider Performance Reports will also be distributed to Provider agencies for quality improvement and quality management purposes. Five key domains of performance have been identified, taking a pragmatic approach which considers reliability and validity, but also leveraging existing data and systems as much as possible.</p>	<p><u>Monitor:</u> Provider Agencies, Wraparound Milwaukee</p>	<p>Status Events- <u>Performance being measured:</u> Agency compliance with fiscal, quality, and client safety requirements <u>Performance Measure:</u> Incidents (rate) of fiscal or quality non-compliance, client safety risk, or other finding of a violation of Fee for Service or Policy and Procedure requirements. This may include, but is not limited to fiscal recoveries, complaints, critical incidents, site review findings, and other program concerns.</p> <p>Audit <u>Performance being measured:</u> Agency compliance with service guidelines and other requirements <u>Performance Measure:</u> Overall level of compliance on fiscal and/or quality reviews</p> <p>Satisfaction <u>Performance being measured:</u> Enrollee and family satisfaction with services <u>Performance Measure:</u> Satisfaction survey results</p> <p>Fidelity <u>Performance being measured:</u> Agency/Service fidelity with Wraparound Milwaukee process <u>Performance Measure:</u> Attendance at 1) Philosophy (and other) Training(s), and 2) Child and Family Team meetings</p> <p>Complaints This performance measure will be introduced for viewing sometime in 2013. An agencies number of complaints and severity level of the complaints will be noted.</p>
<p>4. <u>Certification and Re-certification Training/Inservices/Workshops</u> - Care Coordinators receive 87+ hours of initial training</p>	<p><u>Monitor:</u> Wraparound Milwaukee Consumer Relations and Provider Network area keep records of attendees. Attendance records are then forwarded to the QA Department for data</p>	<p>Care Coordinators must complete the Care Coordination Certification process within six months of hire. Recertification occurs annually. Attendance is taken at all trainings/inservices/workshops.</p>

<p>through a curriculum developed by Wraparound Milwaukee. Care Coordinators are then certified by Wraparound Milwaukee to provide Care Coordination services. Care Coordinators/Supervisors that have been in the field one or more years have to also attend annual re-certification training totaling 16 hrs. Re-certification training topics vary according to the needs of the group at that time. Care Coordinators/ Wraparound Administrators/ Providers/Caregivers/ Community Representatives also attend regular meetings, inservices, conferences, workshops, etc., throughout the year.</p>	<p>compilation.</p>	<p>Records of all Care Coordinators/individuals that participate in trainings/in-services/workshops are kept on file. Evaluations are distributed at the end of all trainings/in-services/workshops summoning feedback from the participants. Feedback is then utilized to implement change. Attendance compliance with mandatory inservices/trainings is reported 2x's per year on the Care Coordination Agency Performance Reports. Care Coordination inservices are offered the first Thursday of every month from 1-3p.m.</p> <p>Other trainings/in-services are offered throughout the year as scheduled.</p>
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OTHER REVIEW ACTIVITIES

Indicator	Monitor	Frequency/Measurement
<p>1. <u>Number of Substantiated Complaints and/or Administrative Penalties</u></p>	<p>Wraparound Quality Assurance Department, Wraparound IT System</p>	<p>Outcomes regarding Care Coordination complaints and admin. penalties are reported 2x's a year on the Care Coordination Agency Performance Report. Complaint outcomes regarding Provider Network agencies are reported as needed and utilized when making considerations as to who to audit for the year.</p>
<p>2. <u>Number of Care Coordinator Transfers -</u> The number of times a youth is transferred to a new Care Coordinator either within their own agency or between Care Coordination agencies is monitored.</p>	<p>Wraparound Quality Assurance Department, Wraparound IT System</p>	<p>Outcomes are reported 2x's a year on the Care Coordination Agency Performance Report.</p>
<p>3. <u>Costs</u> - The cost of providing services for youth/families in Wraparound Milwaukee will be less than the costs for youth in alternative children's mental health and other systems.</p>	<p>Wraparound IT System, system partner data</p>	<p>This will be measured by collecting and pricing out all services and supports provided to the youth and family by Wraparound compared to alternative children's mental health and other systems of care (i.e.- Corrections, RCC Placements, Inpatient).</p>
<p>4. <u>Participation in Trainings -</u> The number of Care Coordination agency staff that co-facilitated or planned and facilitated a Wraparound inservice/training is recorded and tracked.</p>	<p>Wraparound Quality Assurance Department, Wraparound IT System</p>	<p>Outcomes are reported 2x's a year on the Care Coordination Agency Performance Report.</p>

Qualifications:

Individual who possesses a Bachelors Degree and/or preferably a Masters Degree in a Health Services Related field. This individual should have five plus years experience in working with emotionally/behaviorally challenged families/children and mental health systems of care. At minimum, one years experience in research/ statistics, i.e. – data collection, data analysis, report writing, etc. Supervisory/management experience of three plus years is preferable.

Knowledge/ Skills/Abilities:

Knowledge of quality standards, terminology, practices, and trends related to the health and human services and mental/behavioral health arena. Knowledge of Federal, State and County rules and regulations and funding sources related to Wraparound and other human services programs. Knowledge of County policies and procedures related to program/service descriptions, requirements, billing and payment practices. Ability to prioritize, organize, direct, delegate and coordinate QA activities. Ability to evaluate/audit client and provider file documentation/records in an objective manner. Ability to chair meetings and lead discussions. Ability to prepare, analyze and present documents/reports. Basic statistical/analytical skills necessary. Ability to make sound programmatic and departmental decisions/recommendations based off of knowledge acquired through daily work tasks, report/audit findings and analysis of data. Critical thinking skills required. Strong communication, interpersonal and organizational skills required. Ability to work under pressure and within time frames. Ability to work independently. Ability to work harmoniously and effectively with all levels of County and State personnel as well as Consumers, Providers, other system stakeholders, the general public and colleagues. Proficiency in software applications, electronic mail and internet-based IT systems.

Duties:

1. Coordinates and is responsible for all aspects of the Wraparound QA/QI program: development, implementation, training, supervision of staff, monitoring/coaching of co-employees and stakeholders to facilitate change.
2. Establishes strategic plans and policies and procedures for the system of care to ensure that the quality of the program will meet or exceed internal and external client and stakeholder standards and expectations.
3. Collects, organizes, analyzes, monitors and distributes information/data/reports related to the functions of the quality assurance/improvement program/department (Annual QA/QI Report), utilization review, identified outcome measures (Care Coordination Agency Performance Reports), complaints/grievances (Complaint/Grievance database maintenance), family/provider satisfaction (Family Survey database maintenance and Survey analysis and reports), programmatic auditing and State-Medicaid Contract requirements (general Contract requirements and Annual Performance Improvement Project).
4. Communicates information on the latest standards, procedures and requirements related to the mental/behavioral health service delivery system/Contract requirements.
5. Coordinates with the Wraparound Provider Network and other fee-for service programs to establish, develop and maintain standards related to Provider service descriptions, policies, audit indicators/measures, Provider Site Inspection process, issues related to Provider credentials/criminal background checks, the Provider Application and Fee-for-Service Agreement.

6. Chairs the Wraparound Milwaukee QA/QI Executive Committee.
7. Participates in/contributes to the DHHS/Centralized QA monthly meetings. Collaborates with/consults with Centralized QA staff with regards to all Provider Network QA related issues/concerns/programmatic development/establishment of relevant audit indicators. Participates in the Provider review/auditing process (as available).
8. Partners with Families United of Milwaukee, Inc. (Wraparound Milwaukee's family advocacy and support agency) with regards to the implementation, organization and distribution of the Family Care Coordination Satisfaction Surveys and the Family Provider Satisfaction Surveys. Provides supervision for "Family Partner/QA Liaison" employees during the hours they contribute to the Wraparound QA functions.
9. Provides QA related technical assistance to Providers/Care Coordination Agencies/other system stakeholders as needed.
10. Provides technical assistance to other national/international sites that have been awarded "wraparound" type grants, and/or other interested parties.
11. Chairs subcommittees related to QA/QI issues.
12. Attends all relevant/required system meetings/in-services, etc.
13. Attends conferences/workshops related to QA/QI issues and health-field issues assuring the accumulation of necessary continuing education requirements to maintain personal licensure.
14. Provides coverage for management personnel/programs as needed.
15. Other duties as assigned.

Also retained under qajobdes2013 PAE