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Owner Dana James

Policy Area Wraparound
(Wrap, REACH,
youth CCS)-
Vendor

#048- Individual/Family Support and Skill Development (5522b, H2017S)

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) that individuals in need of Individual/Family Training and Support Services and Individual Skill Development and Enhancement (5522b, H2017S) receive quality care provided by a trained, culturally humble, trauma-informed, authorized Provider.

NOTE: This policy utilizes the term "Care Coordinator", which applies to Wraparound, REACH, and CCS Care Coordinators and FISS Case Managers. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult. The term "Plan of Care" is used, which also applies to the Service Plan for FISS.

II. PROCEDURE

A. Role

An Individual/Family Training and Support Services and Skill Development Provider is an individual whose role is to:

1. Assist enrolled youth and/or parent/guardian/caregiver (if the caregiver is an adoptive resource or kinship provider) in specific skill development in communication, interpersonal skills, problem-solving, decision-making, and other specific needs as outlined in the enrolled youth's Plan of Care. Services that are designed to support the family must be directly related to the enrolled youth's needs.
2. Have a goal of improving the youth's integration into and/or interaction with the youth's family, school, and community network.

3. Encourage the development of skills that support an independent lifestyle and promote a sense of self-worth, setting and achieving goals, and demonstrating accountability.
4. Train and teach skills related to
 - a. Personal care/hygiene
 - b. Shopping
 - c. Communication and use of communication tools (including accessing emergency services)
 - d. Budgeting and money management
 - e. Parenting
 - f. Using public transportation
 - g. Medication management and storage
 - h. Accessing basic housing, employment, and health related resources (For CCS: for employment needs, an IPS Provider must be utilized)
 - i. Accessing community resources and services (including health care services)
 - j. Socialization
 - k. Nutrition and meal planning/preparation
 - l. Proper storage of food, household supplies, chemicals, etc.
 - m. Other daily living needs identified in the Plan of Care
5. Provide skill training in various methods, including but not limited to modeling, monitoring, mentoring, supervision, and assistance.

B. Requirements

1. Agency

- a. The Agency must have submitted a 30-hour Training **Curriculum** that was reviewed and approved by the Provider Network upon application to enter the Provider Network.
- b. The **Training Manual** that refers to the actual materials used in providing the 30 hours of training must be readily accessible at the Agency for auditor review. Training materials/information must include/speak to:
 1. Agency vision/mission/goals
 2. Characteristics of youth/clients referred to the program
 3. Typical needs and criteria for youth/client participants
 4. Definition of Individual/Family Training and Support Services and Skill Development Provider/Review of Policy/Documentation Requirements in Synthesis
 5. Expectations of Individual/Family Training and Support Services and Skill Development Provider

6. Confidentiality and Legal Liability

- Confidentiality within and beyond the Individual/Family Training and Support Services and Skill Development relationship

7. Mandatory reporting of abuse and neglect

8. Best Practice Ground Rules and Protocols. Provide written directives about:

- Gift giving
- Touching/do's and don'ts of relationship management
- Telephone contact
- Home visits
- Transporting youth/clients
- Establishing boundaries / building trust
- Family dynamics
- Managing common dilemmas / engaging challenging youth/clients and families
- Personal safety / community safety
- Realistic expectations of change
- Identifying and understanding youth/family strengths
- Conflict resolution
- Diversity - working with diverse groups/individuals
- Working with clients/families presenting with mental health/substance related and addictive disorders, developmental disabilities and high-risk needs
- Youth growth and development/human sexuality
- Working as a team member
- Empowering families
- Nurturing
- Trauma Informed Care
- Termination of services/discharge planning

- c. Applicants/Agencies must show evidence of training/certification/ education specific to Individual/Family Training and Support Services and Skill Development Provider in the application process.
- d. CCS Providers must complete the CCS Training Checklist within 90 days from the date of hire. The CCS Training Checklist must be uploaded to the Staff Profile in Synthesis. In addition, CCS Providers must be knowledgeable in and adhere to DHS 36.

2. Provider

- a. Individual Providers of this service must possess a High School Diploma or GED.
- b. Individual Provider must be at least 18 years old.
- c. **Prior to the provision of service**, Agency must follow Policy #035- Provider Add/Drop and the Provider must be determined eligible for the Network.
- d. An Individual/Family Training and Support Provider must have a minimum of 30 hours of training prior to service delivery and within the past two years. Training must include recovery concepts, client rights, client-centered treatment planning, mental health, co-occurring mental health and substance abuse, psychotropic medication and side effects, functional assessment, local community resources, confidentiality, mandatory reporting, and ethics and boundaries.

3. Client File

- a. Every Client should have their own file. Files must be maintained as outlined in Policy #054- Provider Agency Responsibilities & Guidelines.
- b. The Agency **must** receive a **PROVIDER REFERRAL FORM** from the Care Coordinator **prior to the provision of services**. The Referral Form must be filled out in its entirety. A copy or original must be kept in the client's file.
- c. **CONSENT FOR SERVICE** form must be completed on every client **prior to the provision of services**. The consent must **be dated and signed by the client (if age 14 or older) and the legal guardian**. If the client/enrollee is a legal adult only the client's signature is necessary. The Consent must specify the Agency providing the service, the service being provided and any other special requirements set forth by the Agency/client. All Consents authorize service for one year from the date of signing. If services go beyond the one-year (12 months) timeframe, another Consent must be signed. The Consent for Service must be kept in the client's file. **NOTE: The Agency is expected to create their own "Consent for Service" form.**
- d. If a client is going to be transported, a **completed TRANSPORTATION CONSENT FORM** (see Policy #054- Provider Agency Responsibilities and Guidelines for a copy or example) must be in the client's file **prior to the first transport**. The Consent must be filled out in its entirety, including the signature/date of the parent/legal guardian. The client should also sign if age 14 or older but if they do not, this would not preclude the transportation from being rendered. If the client is a legal adult, only the client's signature is necessary.

4. Synthesis Provider Notes

- a. A Synthesis Login ID Form (see *Provider Network Frequently Used Forms on website*) must be completed and approved prior to the Provider having access to Synthesis (Wraparound Milwaukee's IT System/electronic client medical record).

- b. There must be a Provider Note entry for every time the client is seen face-to-face, when phone contact is made or attempted with the client or a collateral contact, or when there is a "No Show" situation. Documentation must be accurate and thorough and be reflective of this service, as described on the previous page.
- c. All notes must be approved by the designated Supervisory staff.
- d. As all client information is securely stored in Synthesis, it is not necessary to print out a hard copy note unless otherwise directed by the Provider Agency.
- e. For additional information, see Wraparound Milwaukee Policy #078-Provider Notes.

5. **Service Verification Log**

The Service Verification Log (see *Provider Network Frequently Used Forms on website*) must be signed/dated by the recipient of service, the legal guardian/parent, or a designated responsible caregiver at the **closure of each session**. Completing the Log(s) in its/their entirety at the end of the month or several months after the session(s) have occurred **is not acceptable**. The log must be completed in its entirety before being submitted to the employer. The Log must be kept in the client hard copy chart. The Log does not need to be submitted to the Care Coordinator unless requested. One Log per month should be maintained.

Note: Pre-signing or altering the Logs in any way is considered fraudulent behavior and may be grounds for termination from the Wraparound Provider Network and any future contractual/fee-for-service arrangements with Milwaukee County.

6. **Billing**

- a. **Face-to-face** contact with the client **IS billable**. This includes Child & Family Team meetings, Plan of Care meetings and any other meeting in which the youth/family is being discussed and **is present**. In addition, travel time to and from this face-to-face contact **IS billable**.
- b. Phone contact with the client **IS billable**, as long as a service was provided.
- c. **For CCS:** "No Shows" must be documented, but travel time is **NOT billable**.
- d. **For Wraparound Milwaukee/FISS (non-CCS):** "No-shows" must be documented and travel time **IS billable**.
- e. The Provider Agency must have the completed and signed Service Verification Log in their possession before they bill for services. Dates on the Log should be cross-checked with the dates on the Progress Notes before Supervisory approval and invoicing occurs.

7. **Supervision**

- a. If the client is enrolled in CCS, clinical supervision must be in compliance with DHS 36.
- b. If the client is enrolled in Wraparound Milwaukee/FISS (non-CCS), clinical

supervision must occur following the guidelines outing in Policy #36- Crisis Stabilization/Supervision under II. Procedure B and E.

8. Miscellaneous

- a. It is expected that the Provider be invited to all Team/POC meetings and that they attend. If they are unable to attend, a verbal update of the status of service provision must be provided to the Care Coordinator.

Any/all of the above requirements may be audited by Wraparound Milwaukee/FISS, the State of Wisconsin, Milwaukee County and/or any program-affiliated auditing body.

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	9/7/2022
	Brian McBride: ExDir2 – Program Administrator	8/31/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/31/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/31/2022