

Synthesis Instruction Guide

For... Provider Note Entry

(for services other than Crisis Stabilization)

(Revised: 2/4/16)

PROCESS STEPS

- 1) Entering the Note
- 2) Linking Note to a Service Line and Signing the Note
- 3) Supervisory Approval
- 4) Printing Notes (OPTIONAL)

STEP 1: Entering the Note

Select "Provider Notes" from the Table of Content (TOC) area

Select	Last Name	First Name	DOB	Program
	Anderson	Helga	11/11/1997	Wraparound
	Cleveland	Joe	2/22/2000	Wraparound
	Feinstein	Jim	2/2/1988	Wraparound
	Pulliam	Candace	5/15/2001	Wraparound
	Wegher	Janet	5/5/1975	Wraparound
	Zipple	Eva	1/1/1990	Wraparound

Select the Youth's Name.
To look up the youth's name - type part of the last name in the Search box and click "Search." Click on the envelope to open that record.

A screen similar to the one below will appear. (If no notes exist for the youth - a blank data entry screen appears.)

Click on **Add Note**.

The screen below will appear. It lists all of the Service Authorizations for that youth for the past 3 months. Select which Service Line this Note relates to, and press "Select." (If no Service Line yet exists, simply press "Select Without SAR." You will link this note to a SAR Line later in the process.)

Select	Service Month	Service Recipient	Physician	Provider	Units Auth'd	Units Entered
<input checked="" type="radio"/>	December-2009	Annie Anderson	Peter Pan	Better Conc	4	
<input type="radio"/>	November-2009	Annie Anderson	MANUELA EVANS	Better Conc	9	

Data Entry Screen for Provider Notes:

Date of Contact: (mm/dd/yyyy)

Recipient: Helga Anderson

Contact Start Time: (hh:mm am/pm)

Contact End Time: (hh:mm am/pm)

Contact Location:

- Community
- Court
- Detention
- Facility
- Home
- No Show
- Phone
- School

Note Type: Multiple Types Permitted

- Crisis Stabilization
- Crisis Supervision
- Collateral Contact
- Enrollee Contact
- Meetings
- No Show
- Recordkeeping
- Travel

Contact Time 0 hrs

Travel Time

Documentation Time

Total Hours 0.0 hrs

* Enter numbers and decimal points; no text.

** Use the minutes to hours conversion below.

1-6 m = 0.1 h	31-36 m = 0.6 h
7-12 m = 0.2 h	37-42 m = 0.7 h
13-18 m = 0.3 h	43-48 m = 0.8 h
19-24 m = 0.4 h	49-54 m = 0.9 h
25-30 m = 0.5 h	55-60 m = 1.0 h

PROVIDER NOTE TEXT

Date of Contact: The date the contact occurred. Multiple contacts for one day CAN BE recorded in a single note (but this is not required), as long as the text of the note covers those multiple contacts.

Recipient: Generally, this will be the youth. However, it may be a family member OTHER THAN the identified enrollee if that is what was authorized on the SAR.

Contact Start and End Times: These are required fields. The start time and end time is reflective of the start time and end time of the **face-to face contact** being made. The time must reference a.m. or p.m. If you are documenting a No-Show or a phone contact you must leave both fields blank. For phone contacts it is advisable to indicate the time of the phone contact within the text of the note.

Contact Location: Select the location where the contact occurred. Self-explanatory. "Facility" references locations such as a group home, residential center, shelter care.

Note/Service Type: Select what type of contact was made (Enrollee, Collateral, Travel, etc.). You can select multiple types for one note.

- **Enrollee Contact:** ANY type of contact with the identified enrollee alone or with collaterals.
- **Collateral Contact:** ANY type of contact with COLLATERALS ONLY. Collaterals may be family members, caregivers, other team members, the care coordinator, school personnel, etc. If the enrollee was a part of the contact, use the "Enrollee Contact" code. Coincidental collateral contacts where a planned contact with the enrollee resulted in a "No Show" should be documented as a "No Show"
- **Meetings:** Used to document the monthly Child and Family Team meetings and/or Plan of Care meetings or other meetings in which the provider's attendance is requested, i.e., IEP meetings, staffings. The service recipient and/or identified enrollee must be present.
- **No Show:** Use this code when no covered service was provided, i.e. - the youth/service recipient was not available when the provider arrived at the place of contact.
- **Other:** Use this code if service time you are documenting cannot be identified as any other service type

DO NOT use the following Note/Service Type Codes:

- 1. Crisis Supervision
- 2. Crisis Stabilization
- 3. Recordkeeping
- 4. Release of Information
- 5. Travel

Service Hour Reporting:

Contact Time: This will auto-calculate based on the Start and End Times entered.

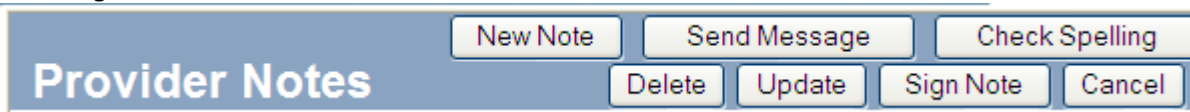
Travel Time: Leave blank.

Documentation Time: Leave blank.

NOTE: Areas will eventually be eliminated.

Provider Note Text: Activity/conversation engaged in, service recipients' mood/any significant behaviors or verbalizations/reactions, plans for future interventions/contacts.

After you're done entering the note, click on Insert. The blue bar area at the top changes to the following:



You can use the Spell Check feature at any time during data entry. However, **Spell Check DOES NOT SAVE YOUR ENTRY.** You must always click "Update" to save your note. If you insert your note first and then do a Spell Check - you must click "Update" to save any changes.

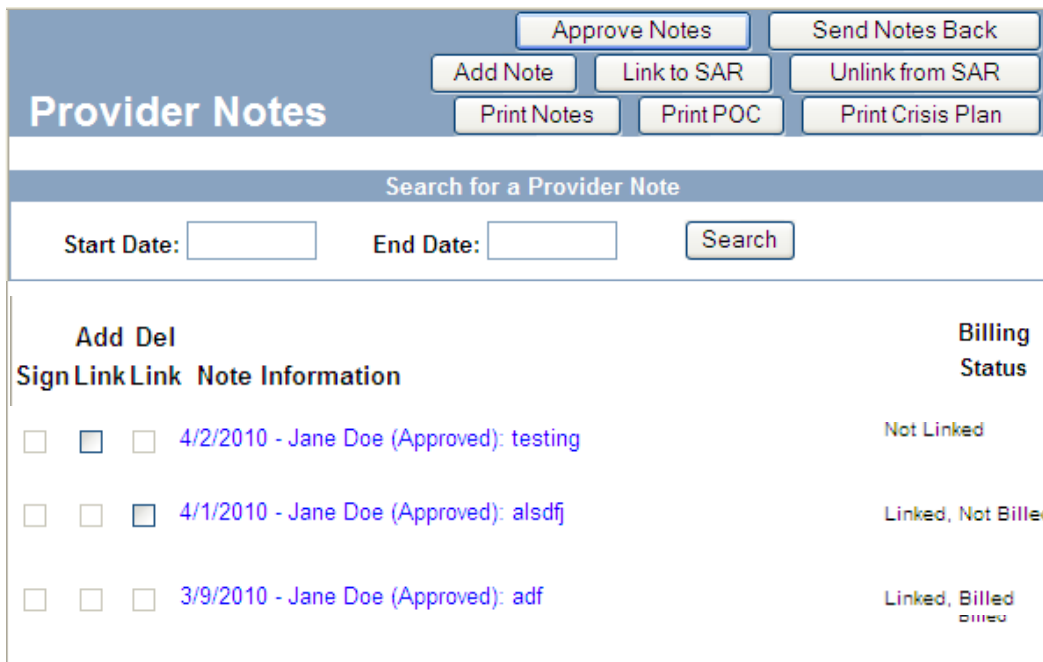
You can make any edits or corrections to the note. Simply make your changes and click "Update"

STEP 2: Linking the Note to a Service Line and Signing Notes

Both of these functions can be done from the main screen.

LINKING NOTES

If the Service Line did not exist when you entered the Note (which would occur if the Care Coordinator had not entered a Service Authorization for the enrollee for the month), you'll need to go back to any Notes that you did not link to a Service Line at the time you entered the Note. You do this from the main Provider Notes screen.



A Billing Status will appear next to each note:

- Not Linked: The note is not linked to a SAR and thus can't be billed;
- Linked, Not Billed: The Note is linked to a SAR but has not yet been billed.
- Linked, Billed: The Note has been linked to a SAR and billed for. No changes can be made.

Then just select which SAR line the Notes relate to and click "Select." Those Notes are now linked to the Service Authorization so your agency can bill for them.

Select a SAR Line						
Select	Service Month	Service Recipient	Physician	Provider	Units Auth'd	Units Entered
<input checked="" type="radio"/>	December-2009	Annie Anderson	Peter Pan	Better Conc	4	
<input type="radio"/>	November-2009	Annie Anderson	MANUELA EVANS	Better Conc	9	

SIGNING NOTES

Notes must be signed. After you sign a note - it is no longer editable by you. (NOTE: Supervisors will later Reject or Approve each note; if a note is Rejected, the note will become editable again.) Notes can be signed individually, or in a batch for an enrollee.

To sign an individual note, simply click the "Sign Note" button on the Provider Note screen.

Signing a batch of notes for an enrollee is done from the initial display screen shown after you select a specific person's name.

Select which notes you want to sign by putting checkmarks in the Sign column, and then press "Sign Notes."

For the Worker - this is the final step in the process unless your Supervisor rejects your note. If you have Notes rejected by your supervisor, you will receive a login message informing you of that Rejection, which will contain a link to the Note(s) that need to be edited. You will be able to edit those notes, and will need to re-sign them when done.

Rejected note – press "Click to View" to see which notes were rejected

Good Morning GEORGE BENZ
 You have Progress Notes Message(s) - [Click to View](#)

After "Click to View," a list of any rejected notes will appear. Click on youth name to link to note.

PROGRESS NOTES MESSAGES Back

Aggie Hale:
 A Progress Note for [Theresa Anderson](#) was rejected by Aggie Hale.

STEP 4: Printing Notes (OPTIONAL)

To print Provider Notes, first click on Provider Notes in the Table of Contents (TOC) area.

Then, select the enrollee name you wish to print notes for:

Select Provider Notes

Select	Last Name	First Name	DOB	Program
	Anderson	Helga	11/11/1997	Wraparound
	Cleveland	Joe	2/22/2000	Wraparound
	Feinstein	Jim	2/2/1988	Wraparound
	Pulliam	Candace	5/15/2001	Wraparound
	Wegher	Janet	5/5/1975	Wraparound
	Zipple	Eva	1/1/1990	Wraparound

Select the enrollee Name. To look up a youth name - type part of the last name in the Search box and click "Search." Click on the envelope to open that name.

Click on "Print Notes"

Provider Notes

Sign Notes Add Note Link to SAR Unlink from SAR

Print Notes Print POC Print Crisis Plan

The following screen appears. Enter the date range you wish to print, and click "Print Notes."

Provider Notes

Print Provider Notes

Starting Date:

Ending Date:

Print All Provider Notes

Synthesis Instruction Guide

For... Printing Plans of Care (POCs) and Crisis Plans

The most current APPROVED POC and Crisis Plan can be printed from the initial display screen shown after you select a name. You can sign your notes from this screen, or print POCs and/or Crisis Plans.

Add Del	SignLinkLink	Note Information	Billing Status
<input type="checkbox"/>	<input type="checkbox"/>	6/1/2010 - Jane Doe (Draft): I picked up Helga from her home today and we went to ...	Linked, Not Billed

Simply choose "Print POC" or "Print Crisis Plan," and a screen similar to the one displayed below will appear:

Simply click the Printer icon to send the document to your printer.

Wraparound Milwaukee
PLAN OF CARE

CONFIDENTIAL INFORMATION: Per Wis. Admin. Code 92.03, disclosure of this information without client/guardian consent or statutory authorization is prohibited by law.

Youth: Anderson, Ola	Enrolled: 4/3/04	POC Status: Completed
DOB: 1/1/91	POC Date: 12/19/06	POC Number: 16

Youth Address 1234 Any Street Milwaukee, WI 53201	Family/Guardian Address(es): Aggie Hale 4753 S. 22nd Place Milwaukee, WI 53225 *** CCC CCCC	2nd Family Member(i.e. mom, etc.) Street Address City, State Zip *** CCC CCCC
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