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Owner: Dana James: Integrated Services Manager- Quality Assurance

Policy Area: Wraparound (Wrap, REACH, youth CCS)-Care Cord.

References:

#032 Client Contact

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee that youth and families are seen on a regular basis to facilitate the team process, collaboration and the provision of care. Family contact refers to either the youth's parent or legal guardian, or to the youth's permanency plan resource (such as adoptive home, relative, etc). 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.

Note: The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.

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 action steps of the Plan of Care.
- 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 Face-to-Face Contact must occur within five (5) business days of enrollment. During this initial face-to-face contact, the Enrollee and Family Handbook must reviewed with the youth and guardian. Additionally, the Care Coordinator shall schedule all visits up to and including the initial Plan of Care meeting during this initial contact, to ensure the initial Plan of Care meeting is held within thirty (30) days of enrollment.

For Wraparound 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.

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.

For CCS Coordinators:

Minimum monthly face-to-face contact (and/or documented attempts) with the youth and their legal guardian must occur.

Face-to-face contact must be no less than one hour per month.

For youth enrolled in CORE, bi-weekly face-to-face contact (and/or documented attempts) with the youth and their legal guardian is required.

II. PROCEDURE

- A. Care Coordinators will document service time spent with and for each youth/family. This time will be reported on-line through the Electronic Medical Record [Synthesis] under Progress Notes (for Wraparound, REACH) or Provider Notes (for CCS).

Service time includes:

1. Face-to-face contacts for the **duration of enrollment** with youth and legal guardian(s)/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, together when possible. If the youth is in out-of-home placement, face-to-face contact with the youth and their parent/legal guardian must occur weekly. Weekly contact with the Placement Provider can occur face-to-face or via phone.

If the youth is in a placement more than 60 miles (1hr.) outside of Milwaukee County, bi-weekly face-to-face contact with the youth at the out-of-county placement is required. **Video conferences are not considered face-to-face contact.** Weekly phone contact between the youth and Care Coordinator is also required during these placements. The requirement for face-to-face contact with the family is unchanged.

If the parent/legal guardian resides more than 60 miles (1hr.) outside of Milwaukee County, video conference will be considered face-to-face, and minimum of bi-weekly contact must occur. For extenuating circumstances, Supervisor/Lead must consult with Children's Community Mental Health Services and Wraparound Milwaukee Quality Assurance Department. If using video conferencing, a HIPAA compliant platform must be used.

If the **family** indicates they do not desire the required face-to-face contact, this must be referenced in the Progress/Provider 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 based on the face-to-face contact requirements for the program they are enrolled in, even if the family desires less frequent contact.

2. Phone contacts (by Care Coordinator to the youth, legal guardian(s)/caregivers or collaterals).
3. Team meetings, Plan of Care meetings, youth-specific staffing, court appearances with the youth/family.
4. Consultations (with supervisor, Administration staff or consulting Psychologist/Psychiatrist) that pertain to the youth/family.
5. Documentation time (including note writing, developing Plans of Care/Court documents, etc.).
6. Crisis Time (See Attachment 1, as it relates to identifying activities as crisis time).- **NOT APPLICABLE TO CCS**

- 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 a Care Coordinator is providing the crisis coverage 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., a Care Coordinator with a Supervisor or Lead, 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 must 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**: If more than one staff is needed to ensure the youth's or the staff's safety (i.e., the youth 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**.

III. SPECIAL SITUATIONS

A. Youth Recently Discharged from an Inpatient Facility

1. The Care Coordinator must have follow-up contact (face-to-face or phone) with the youth and their family supports within five (5) business days of discharge. Face-to-face must occur no later than 14 days.
2. Follow up must include reviewing the discharge information prepared by the inpatient facility, conducting medication reconciliation, and helping the youth and family understand the treatment plan, medication and schedule of medication, assist with scheduling any follow up appointments needed, and address the crisis plan as needed.

B. Youth on Runaway Status.

1. Required face-to-face contact with the family 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.

C. Youth Remanded to Corrections.

1. Required face-to-face contact with the family is still expected unless otherwise requested by the family.
2. Attendance at the Official Juvenile Offender Review (OJOR) is expected from the Care Coordinator.
3. A disenrollment Plan of Care meeting must be held with the family and youth to develop a transition plan with sustainable resources.
4. Youth placed in Detention, Jail, or Corrections, Care Coordinator must continue face-to-face contact as required in this policy.

Note: Utilize A Guide: Best Practice Methods for Youth Ordered to Lincoln Hills/Cooper Lake on Care Coordination Frequently Used Forms.

D. 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 contacts. At least three attempts to contact the family must be documented (i.e. phone contact, unannounced visit, certified letter). **CCS cannot bill for a no-show.**
2. If the youth or the family is a no-show/no contact two consecutive weeks for Wraparound, three consecutive weeks for REACH, or for one month for CCS, the Care Coordinator needs to consult with his or her Supervisor regarding the situation. This consultation must be documented in the youth's 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.

E. Scheduled or Unscheduled Care Coordinator Absence.

1. If the Care Coordinator is on vacation, sick leave or a 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.

Attachments

[1: Crisis Documentation Guidelines](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	10/7/2021
	Brian McBride: ExDir2 – Program Administrator	10/6/2021
	Dana James: Integrated Services Manager- Quality Assurance	10/5/2021
	Dana James: Integrated Services Manager- Quality Assurance	10/5/2021

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WRAPAROUND MILWAUKEE Crisis Documentation Guidelines

MEDICAID USES THE FOLLOWING DEFINITIONS (taken from DHS 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.DHS 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.DHS 34.23 (5) (a) to assist a person experiencing a mental health crisis.”
5. **“Stabilization Services”** means “optional emergency mental health services under s.DHS 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 caregiver.
- 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 [all](#) contacts with collaterals, documentation time, [drive time](#), [reading/responding to/writing e-mails or text messages](#), [leaving/listening to voice messages](#), etc., should be listed as “non-crisis time” on Progress Notes.

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