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References:

#036 Crisis Stabilization / Supervision Services (5303, 5303A, 5303B, 5303E, 5303F)

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (herby referenced as Wraparound Milwaukee) that all Crisis Stabilization/Supervision Providers and Care Coordinators (CC) in the Wraparound Provider Network (WPN) implement Crisis Stabilization/Supervision services in accordance with this policy and procedure (*see references below*), DHS 34 and the Wisconsin Medicaid and BadgerCare Update: Crisis Intervention Services (No. 2006-55).

Crisis Stabilization/Supervision is a one-to-one (not group) service primarily provided to Wraparound Milwaukee enrolled youth who, due to their emotional, behavioral, and/or mental health needs, are at risk of imminent placement in a psychiatric hospital, residential care center or other institutional placement. This service is used to prevent and/or ameliorate a crisis that could ultimately result in an inpatient psychiatric hospitalization or residential placement if the crisis intervention/supervision had not occurred.

II. PROCEDURE

A. **Definitions and Descriptions**

1. **Crisis Stabilization** is a mental health intervention provided in or outside of the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's well-being and enhance the capabilities of the youth's support system to identify, prevent and respond to a crisis consistent with what is reflected in the youth's individual Crisis Plan. The crisis stabilizer supports the youth and caregiver to execute the Crisis Plan. The Crisis Stabilizer helps the family and other supports (i.e.: teacher) to recognize triggers and high-risk behaviors, models and teaches effective interventions to deescalate the crisis, and identifies and assists the youth in accessing community resources that will aide in the crisis intervention and/or stabilization as identified in the Plan of Care (POC).
2. **Crisis Supervision** is generally a short-term mental health intervention, 30 to 90 days in duration, that may require daily contact with the youth (face-to-face or by phone) and is associated with a specific circumstance or situation identified in the youth's Crisis Plan. Supervision services are designed to aid in sustaining the youth safely in the community. Supervision assists youth who are unable to manage routine/daily responsibilities by providing observation, monitoring, direction, and support services for the identified youth in areas such as: attending school, management of curfews,

compliance with safety plan requirements identified in the POC, attendance at support or therapy sessions, taking prescribed medications or other tasks or events as specified in the individual youth's Crisis Plan. Supervision services may need to be authorized as part of a Court order.

3. **Specialized Mentoring** is a mental health intervention provided in or outside of the youth's home, designed to evaluate, manage, monitor, stabilize and support the youth's well-being and enhance the capabilities of the youth's support system to identify, prevent and respond to a crisis consistent with what is reflected in the youth's individual Crisis Plan. The specialized mentor supports the youth and caregiver to execute the POC and the Crisis Plan. Specialized Mentoring provides comprehensive mentoring services for youth at risk for or victims of Commercial Sexual Exploitation and/or Domestic Sex Trafficking (CSE/DST). The specialized mentor serves as a role-model to provide community-based, individualized weekly mentoring service with a focus on building a healthy relationship with the enrolled youth to allow for positive youth growth and ongoing development. The specialized mentor helps the family and other supports (i.e. teacher) to recognize triggers and high-risk behaviors, models and teaches effective interventions to deescalate the crisis, and identifies and assists the youth in accessing community resources that will aide in the crisis intervention and/or stabilization. Specialized Mentoring is goal-oriented to structure sexual exploitation preventative interactions and activities to build protective factors. Specialized Mentors work in collaboration with the Child and Family Team, as part of the Wraparound process, to introduce sustainable community resources and facilitate the development of informal mentoring relationships.
4. Per DHS 34.02, Wisconsin Medicaid uses the following definitions:
    a. **Crisis** – Situation caused by an individual's apparent mental disorder which 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.
    b. **Crisis Plan** - Plan prepared 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.
    c. **Emergency Mental Health Services** - Coordinated system of mental health services that provides an immediate response to assist a person experiencing a mental health crisis.
    d. **Response Plan** - Plan of action developed by program staff to assist a person experiencing a mental health crisis.
    e. **Stabilization Services** - Optional emergency mental health services that provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization.
    f. **Crisis Intervention** - Services provided by an emergency mental health services program to an individual in crisis or in a situation that is likely to develop into a crisis if supports are not provided. Crisis Intervention services include:
        - Initial Assessment and Planning
        - Crisis Linkage and Follow-up services
        - Optional Crisis Stabilization services

B. **Required Credentials/Responsibilities**

1. Provider Agency Director
    a. Directors must ensure direct and indirect service providers as defined in Milwaukee County Fee-

for-Service Agreement (FFSA) meet all county, state and federal employment requirements (i.e. background checks, drivers abstracts, licenses, insurance, training, education etc.).

b. Directors are ultimately responsible for all Crisis Stabilization/Supervision operations ensuring compliance with the FFSA, all relevant policy and procedure requirements, DHS 34 and any other relevant documents, memorandum and State mandates.

c. Director must ensure proper maintenance of client and personnel files in accordance with WI Medicaid, HIPAA and confidentiality requirements.

2. Program Supervisor

a. Provider agency must have an identified Program Supervisor to oversee the daily activities of Crisis Stabilization/Supervision in compliance with DHS 34.

b. Program Supervisor must have, at minimum, a Bachelors in a Human Services field plus one (1) year of experience in working with youth and families preferably in crisis situations.

c. Program Supervisor must have a knowledge of crisis intervention strategies, relevant Wraparound Milwaukee policies, Wraparound process, State requirements, and be able to implement these in practice.

d. Program Supervisors must train crisis providers, provide direction and guidance, assign crisis providers based on the identified needs/strengths of the referred youth, review/approve crisis provider notes, maintain organized client files, handle youth and family complaints, attend Child and Family Team meetings as needed, and engage in quality assurance processes to ensure services are being provided in a professional, ethical, and respectful manner.

Note: The Program Supervisor can be the Clinical Supervisor.

3. Clinical Supervisor

a. The clinician providing clinical supervision must be pre-approved to do so by the Director of the Children's Mobile Crisis Team or his/her designee. The agency must submit all identified ADD documents as required per Wraparound Milwaukee policy. The agency is responsible for monitoring the Clinical Supervisor's compliance with the Wraparound Milwaukee Fee-for-Service Agreement professional liability insurance requirements.

b. At minimum, the Clinical Supervisor must be a Wisconsin Licensed Psychotherapist.

c. Clinical supervision of individual crisis workers include direct review, assessment and feedback regarding each crisis worker's delivery of emergency mental health services.

Note: The Clinical Supervisor can be the Program Supervisor.

4. Lead Worker

a. Lead Workers must meet all the criteria of the Worker plus have been employed at a Crisis Stabilization/Supervision agency for at least 2,000 hours (1 year full-time equivalency) providing crisis stabilization/supervision services. This individual must evidence a clear, thorough understanding of the provision of crisis stabilization services; provide exemplary services as evidenced by positive agency staff performance evaluations, professional documentation, and demonstrate leadership/organizational qualities.

b. Lead Workers, under the direct supervision of the Program Supervisor, may assist with identified supervisory tasks, review/approve peer documentation/performance, complete quality

assurance tasks and function as an agency emergency contact.

c. For the equivalent of every 10 full-time crisis/supervision workers, one Lead Worker must be assigned.

5. Worker

a. Workers must meet criteria set forth by the specific crisis service code and description. Workers must meet all county, state and federal requirements and expectations prior to hire and/or providing direct client care (i.e., background checks, drivers abstract, driver's license/insurance, confirmed eligibility with WPN).

b. Agencies must obtain at least two (2) references regarding the Worker's professional abilities. References and recommendations can be documented in a letter or a signed and dated record of a verbal contact with the worker's references. Reference documents are to be maintained in the employee's file at the agency.

c. Workers must engage in initial and ongoing training and supervision as mandated by DHS 34.

d. Workers must be able to implement the Crisis Plan/POC strategies and be available as needed by the youth/family.

e. Workers must engage with youth, families, parents/caregivers, and all Child & Family Team members, and provide crisis services in an ethical, respectful, responsible manner.

f. Workers must be able to clearly and thoroughly document all interventions and contacts.

C. **Employee Record and Maintenance**

Agencies must maintain employee files that include a statewide background check in accordance with the Milwaukee County DHHS Caregiver Background Check Policy DHHS-001, employee's resume and proof of qualifications, and a copy of a valid driver's license as verified through completion of a Driver's Abstract and proof of current auto insurance. Wraparound Milwaukee has the right to periodically audit agencies to assure compliance. All information must be uploaded into the Agency's employee's file within Wraparound Milwaukee's electronic record.

D. **Required Training Hours/Topic Areas**

The Agency must adhere to the following training requirements as specified in DHS 34.21(8) as well as any Wraparound Milwaukee mandated trainings. Agencies must maintain a record of training topics, dates, times, presenter, attendance signature sheets and certificates of attendance on file at their Agency for each individual provider of Crisis Stabilization/Supervision.

1. Initial Training for Crisis Stabilization/Supervision

a. Workers - Workers must attend training within the first 3 months of employment.

i. Workers with less than 6 months of prior work experience providing emergency type mental health services, forty (40) hours of training must occur.

ii. For a Worker with at least 6 months of prior work experience providing emergency type mental health services, twenty (20) hours of training must occur.

iii. Topics must adhere to DHS 34.21(8)(a)

b. Lead worker - Within the first 6 months of eligibility within the WPN as a Lead Worker, the Lead Worker must attend Wraparound Provider Training Level 1 & Level 2.

c. Clinical Supervisor - Within the first 6 months of eligibility within the WPN, the Clinical Supervisor must attend Wraparound Provider Training Level 1 & Level 2.

2. Ongoing Training for Crisis Stabilization/Supervision
    a. Workers and Lead Workers are required to receive at least eight (8) hours per year of in-service training on emergency mental health services, rules and procedures relevant to the operation of the program, compliance with state and federal regulations, cultural competency in mental health services and current issues in client's rights and services.
3. Initial Training for Specialized Mentoring
    a. Workers with less than 6 months of prior work experience providing emergency type mental health services, fifty-eight (58) hours of training must occur.
    b. Workers with at least 6 months of prior work experience providing emergency type mental health services, thirty-eight (38) hours of training must occur.
    c. Training must consist of the initial Crisis Stabilization/Supervision training listed above and eighteen (18) additional hours of identified Specialized Mentoring training specified within Service Description.
    d. For Specialized Mentoring, Workers must complete training requirements prior to provision of services.
4. Ongoing Training for Specialized Mentoring
    a. Once eligible to provide Specialized Mentoring, Workers are required to receive a one two (2) hour in-service per month (totalling 24 hours per year) as specified within the Service Description.
5. The following trainings are suggested beyond DHS 34.21(8)(a) requirements: Wraparound Process, Mandatory Reporting requirements, trauma informed care, first Aid/CPR, establishing boundaries/ building trust, family dynamics, engaging youth/families, identifying and utilizing youth/family strengths, conflict resolution, working with culturally diverse populations, youth growth and development/human sexuality, working as a team/collaborative problem solving, empowering youth/ families, nurturing social and interpersonal growth, working with youth who have high-risk behaviors, ethical service provision, documentation practices and billing procedures.
    a. If a Worker leaves an Agency and returns to that same Agency within six (6) months, they will not be required to go through the initial training if previously completed, but are required to attend the ongoing training that they would have accrued had they maintained that position or employment.

E. **Clinical Supervision of Crisis Workers/Lead Workers**

1. Supervision must be facilitated and documented by the Clinical Supervisor for Workers and Leads weekly. One hour of supervision must be provided for every 30 hours of face-to-face contact the worker has provided (DHS 34.21(7)(d)(e)). Additionally, per Wraparound Milwaukee, a Worker must receive at least one hour of supervision every month regardless if they have documented 30 hours of face-to-face contact (Attachment #1). The Clinical Supervisor can determine if the Worker needs supervision above and beyond the current minimum requirements to ensure that recipients of the service receive appropriate emergency mental health services. If the efforts of the Worker are not sufficient, and the recipient of the services continues to experience a high rate of crises, then the Worker shall seek immediate supervision to determine whether and what other interventions are needed (per Attachment #1).
2. Lead Workers must additionally meet with the Clinical Supervisor once a month for thirty (30) minutes individually or 1 hour if in a group setting. Supervision of Leads may address the processing

of any issues related to their job role, documentation review, quality assurance concerns or Worker performance issues. Supervision groups cannot exceed more than six (6) Leads at one time.

3. For specifics regarding the requirements for documentation of supervision, please refer to Attachment #1 Wraparound Milwaukee Guidelines for Crisis Stabilization Supervision Meetings.
4. The Clinical Supervisor must also be available for additional consultation/supervision as needed.

F. **Crisis Quality Assurance Guidelines**

1. Agency must have a written Quality Assurance/Quality Improvement Plan that includes:
    a. Agency staff responsible for implementation of the Plan and ongoing monitoring
    b. Staff supervision oversight
    c. Management of grievances
    d. Agency hiring practices
    e. Personnel file maintenance
    f. Client file maintenance
    g. Plan for obtaining ongoing youth and family input regarding the quality of service delivery and satisfaction
    h. Plans must be updated at least every 2 years and be available at the request of Wraparound Milwaukee. Wraparound Milwaukee may require that the written plan be submitted with the Fee-for-Service Agreement Renewal.
2. Workers can only be employed through one WPN agency, but can provide more services than Crisis Stabilization/Supervision services at that agency.
3. Workers are limited to providing only one service per family. Workers cannot serve both as a Mentor and as a Crisis Worker for different children within the same family.
4. Workers cannot be simultaneously authorized as a Worker and for another service (i.e. mentoring) for the same child on the same days in the same month.
5. Every Provider Note is reviewed and approved by either a Lead or Supervisor at the Agency. During this review Lead or Supervisor shall ensure completeness, accuracy, and assess the continued need for Crisis Stabilization or Supervision services for each documented session.
6. In adhering to Policy #035 – Provider Add, Drop & Record Maintenance, Agencies must immediately notify Wraparound Milwaukee of any changes in the status of Workers, Leads and/or Supervisors.
7. Agency may not solicit business for the agency from the family, including asking the family to advocate for additional service hours.

G. **Agency and Worker Accessibility/ Provider Referrals**

1. Agencies providing this service must have a 24-hour, 7-day-a-week coverage plan (such as an on-call system) in place to ensure crisis responsiveness. There must be an Agency response to a written referral within two (2) business days of receipt. The written referral, Provider Referral Form (Attachment #2) must be sent to the Agency by the CC. If the Agency is able to accept the referral, a face-to-face contact with the family must occur within three (3) days (72 hours) of the acceptance unless otherwise specified by the Child & Family Team. The written referral must be received by the Agency prior to the provision of services.
2. When a Worker is matched with a family, the Crisis Agency Director or designee must call the CC to

identify the worker. The CC will contact the identified Worker to schedule the first visit with the CC and family. Workers should not be going to a youth/family's home and/or calling a youth/family prior to the introductory meeting with the CC and the family agreeing to work with the identified Worker.

H. **Confidentiality/Client Files/Consents/Release of Information**

1. The Agency must comply with the Wraparound Milwaukee confidentiality and HIPAA policies. All information about the youth and family they work with is strictly confidential and will not be discussed with any person outside of the Child & Family Team, Agency affiliated Consultants, supervisory personnel or Wraparound Milwaukee staff. The right to confidentiality applies not only to written and electronic records, but also to videos, pictures, or use of names of clients or legal or custodial guardians in Agency publications.
2. A signed Consent Form that permits the Agency to serve a youth must be in each client's file. The Consent Form must be signed and dated by the parent/legal guardian and youth (14 and older) prior to the provision of services. The Agency is expected to utilize their own Consent Form.
3. Information about a youth may be verbally released to requesting individuals or organizations only upon presentation of an authorized Consent Form, signed and dated by the parent/legal guardian and youth (14 and older). Records requests must be submitted to Wraparound Milwaukee Quality Assurance Department.
4. Prior to a Worker transporting a youth, a "TRANSPORTATION CONSENT FORM" (Attachment #3) must be signed and dated by the parent/legal guardian and youth (14 and older) prior to the provision of services. If the Agency has their own Transportation Consent Form that includes the same elements as the Wraparound Milwaukee Transportation Consent Form, then it is permissible for the Agency to use their own form.
5. The Agency must keep a current copy of the POC and all previous POC's, applicable to the duration of services, in the client file.
6. Client records must be respected and maintained in a secure cabinet or room until the client becomes 19 years of age or 7 years after services have been completed, whichever is longer. The documents can then be appropriately disposed of/shredded.

I. **Collaboration- Care Coordinators (CC) and Crisis Workers/Agencies**

1. As a member of the Child & Family Team, the CC must inform and request attendance of the Worker at all relevant meetings (i.e.: POC meetings, Child & Family Team meetings, etc.).
2. CC's are responsible for notifying the Worker if there is a change in the youth's status (i.e.: living situation, behavioral concerns/incidents, court related issues, etc.).
3. CC Agencies are responsible for notifying the Worker of any change in the CC's status (ie: transfer to a different CC).

J. **Workers Transporting Youth**

1. Worker's motor vehicle must have working seat belts and the youth must wear the seat belt at all times when being transported.
2. Workers must carry a copy of the pre-signed Transportation Consent form giving them the permission to transport the youth.
3. It is mandatory that at least one responsible adult (ie: parent, guardian or caregiver) be notified (via face-to-face, call, text) about the youth's pick-up/drop off when being transported by the Worker.

4. No youth should ever be left at home alone when being returned from a session unless the Child & Family Team has discussed and approved this practice to be safe, developmentally appropriate, and appropriate to the length of time and environmental conditions.

K. **Physical Contact**

1. Physical contact must be avoided, unless required or having therapeutic value (i.e. with a seven year old holding their hand across the street; partnering with Occupational Therapist to learn and provide brushing techniques)
2. Physical contact should be in response to the need of the youth and not the need of the Worker.
3. Physical contact should be with the youth's permission. Resistance from the youth must be respected.
4. Avoid physical contact that might be seen as being provocative.
5. It is always better to error on the side of caution and refrain from any physical contact with the youth and any team member.

L. **Covered Service Recipients**

Generally, only the enrolled youth in Wraparound Milwaukee can receive Crisis Stabilization/Supervision services. If another family member is in need of this service, the CC must seek Wraparound Milwaukee Administrative approval through the Director of the Children's Mobile Crisis Team or designee. Justification for this service must then be referenced in the time-applicable POC and **the Crisis Plan must contain a Reactive Crisis Plan for the other family member.**

M. **Covered Services**

1. Allowable Service Time for Crisis Stabilization
    a. Face-to-face contact and supervision of the youth.
        i. If the contact is one of a crisis "preventative" nature, the time must be justified through clear and thorough documentation that clearly and directly relates to the youth's Safety Domain on the POC. Documentation that is limited to a description of the activity engaged in is not sufficient.
        ii. Face-to-face contact at any location where the recipient is experiencing a crisis or receiving services in response to a crisis.
    b. Face-to-face crisis-related contact and/or teaching crisis prevention or crisis stabilization skills to the parent/caregiver/collateral contact.
    c. Within the service provision note, travel time (to and from) and documentation time are billed as part of the covered service provided.
    d. Responding to a **crisis** over the telephone
    e. Meetings in which the youth is present and the youth's crisis intervention and crisis plan needs are being discussed (i.e.: POC Meetings, Child & Family Team Meetings).
    f. Multiple Worker crisis intervention: Wisconsin Medicaid covers more than one Worker providing crisis intervention services to one youth simultaneously if multiple Workers are needed to ensure the youth's or the Worker's safety. Worker must clearly document the number of staff involved when billing for more than one Worker and the rationale for the need.
2. Allowable Service Time for Crisis Supervision

a. Face-to-face contact and supervision of the youth.

b. Face-to-face crisis-related contact with the parent/caregiver/collateral contact related to supervision/safety issues within the youth's Crisis Plan or Safety Domain within the POC.

c. Travel time and documentation time related to the face-to-face service. Travel time and documentation time are not billed separately, but are billed as part of the covered service provided.

d. Contacting and speaking with AND/OR attempting to contact but not speaking with the youth by phone, as indicated by the supervision/safety plan. Documentation text must indicate if an attempt was made, but no contact actually occurred. The documentation text needs to address what follow-up action was taken in the event that the Worker was not able to make telephone contact with the youth.

e. Meetings in which the youth is present and the youth's safety/supervision plan and needs are being discussed (i.e., POC Meetings, Child & Family Team Meetings).

3. Other Service Time Circumstances for Crisis Stabilization and Supervision

   a. No Show – A "No Show" is defined as a situation in which the youth is not available as expected (i.e., the youth was not available when the Worker arrived at the place of contact). In the event of a "No Show" situation, the Worker is still expected to document this in the text of their Provider Note, indicate "No Show" as the Provider Note Service Type, "No Show" as the contact location and enter the total travel time (if applicable) and documentation time under the "Non-Medicaid Billable" area. Any time waiting for the youth to show or trying to contact the youth, cannot be billed as crisis time. This time is considered "neutral" time.

   b. Secure Detention or Jail – When a youth is seen in Secure Detention or Jail, the Worker is expected to document these contacts as usual, choose applicable service type codes, identify "Detention" as the contact location and enter the total travel time and documentation time. Face to face time does not begin until Worker is face to face with the youth.

4. Non-Covered and Non-Permissible Services

   a. Worker time spent in programmatic or clinical supervision or trainings at the Agency or Wraparound Milwaukee.

   b. Room and Board

   c. Overnights – Workers cannot personally arrange for a youth to be placed overnight in any setting. Overnight stays outside of the identified legal guardian's/caregiver's home must be arranged through the legal guardian/caregiver and the CC.

   d. Out of State trips are not permitted for any reason.

   e. Services that are purely social and/or recreational in nature where there is no link to the activity being used as a strategy for supervision or crisis prevention, intervention or stabilization.

      Note: A crisis intervention strategy that uses a social/recreational type activity to prevent, intervene in and/or stabilize a crisis situation is permissible, but it must be a documented strategy within the POC under the Safety Domain or within the context of the Crisis Plan.

   f. Volunteer services not meeting the qualifications in DHS 34.2l (3), Wis. Admin. Code.

   g. Taking a youth to the Worker's home or the homes of relatives or significant others.

h. Crisis is a youth-focused one-to-one interaction. Workers cannot engage in interactions with Worker's friends, relatives or others during the time they are with a youth. This includes Workers not bringing their own children to activities with the youth or crisis response.

i. A Worker cannot take a youth to his/her place of employment, outside of the Crisis Stabilization/ Supervision Agency.

j. A Worker cannot take a youth to the Worker's or youth's church/place of worship unless this is part of a crisis strategy and the legal guardian approves.

k. Taking youth for haircuts, salon appointments.

l. A Worker may not involve youth in their personal activities, whether paid or voluntary (i.e., performing chores for Worker, running personal errands), while with the youth.

Note: If any of these interactions occur and are billed for, Wraparound Milwaukee has the right to recoup monies for the hours spent in these interactions.

N. **Providing Crisis Stabilization/Supervision while a Youth is in Residential Care**

1. If a youth is in a Residential Care Center (RCCCY), documentation (either in the time-applicable POC or a time-applicable CC Progress Note) must provide justification for the continued support of a Worker.
2. Workers can provide services to youth in the facility when:
   a. The interaction is related to the development of the Crisis Plan.
   b. The interaction/service is to assist the youth to transition to a lesser restrictive level of care.
3. It is permissible to use a Worker when the youth is on pass from the RCCCY as long as the interactions focus on skill building, transition planning, and crisis support development aimed at reunification. "Respite" is not a permissible use of this service.

O. **Documentation**

1. Documentation must be completed in Wraparound Milwaukee's electronic record.
2. In accordance with DHS 34.23(8), documentation must include:
   a. If the contact with the youth and/or caregivers was a face-to-face, phone, or written contact.
   b. The time, place and nature of the contact and the person initiating the contact.
   c. The staff person or persons involved and any non-staff persons present or involved.
   d. The assessment of the youth's need for supervision OR emergency mental health services and the response plan developed based on the assessment.
   e. The supervision OR emergency mental health services provided to the youth and the outcomes achieved.
   f. Any Provider, Agency or individual to whom a referral was made on behalf of the youth experiencing the crisis/being supervised (Service Referrals must go through the Child & Family Team/CC).
   g. Follow-up and linkage of services provided on behalf of the youth.
   h. Amendments to the POC/Crisis/Supervision Plan in light of the results of the response to the request for services as approved by the Child & Family Team.

i. If it was determined that the youth was not in need of supervision/emergency mental health services, any suggestions or referrals provided on behalf of the youth.

3. Additionally, documentation must include the type of contact, specific description of activities, and the purpose and outcome specific to the POC/Crisis Plan.
4. Coverage Documentation – When an unauthorized Worker provides periodic coverage (i.e. a sick day or holiday) for the identified/authorized Worker (i.e., during holidays, etc.), the covering Worker must document as identified above in a-i. For these periodic episodes of coverage, the time can be billed under the identified/authorized Workers name.
    a. If the coverage episode is going to be a more extended period of time (i.e., medical leave, one or more weeks of vacation), then the identified covering Worker must be authorized/entered onto the youth's Service Authorization Request (SAR). The Worker and/or Agency will be responsible for informing the Child & Family Team of their extended absence and who the identified coverage person will be. The CC is then responsible for entering the information in on the SAR.
5. Mentor Action Plans (*found on Provider Network Frequently Used Forms*) are required within thirty (30) days of service initiation for each youth receiving Specialized Mentoring and are reviewed/ revised at minimum every ninety (90) days thereafter. The Agency is responsible for maintaining and tracking the completion and quality of the Mentor Action Plan.

P. **Service Verification Logs**

1. The use of a monthly Service Verification Log is mandatory. The Agency may use their own Log as long as all areas on Attachment #4 are included.
2. Service Verification Logs must be signed by the service recipient or primary caregiver after every face-to-face contact, whether it be a one-to-one situation or at a meeting in which the youth is present. Signatures are not required for phone contacts. Signatures are to be obtained at the conclusion of every contact.
3. For "No Show" situations, all information on that line is to be entered including marking the column identifying the entry as being a "No Show". Travel time, if applicable, is recorded for the "No Show", but no verification signature is required.
4. Monthly logs must be completed in full. Logs cannot be pre-signed nor should the Worker request the service recipient/primary caregiver to sign at the end of the month verifying all the contacts that occurred for that month. Having the service recipient/guardian pre-sign the Service Verification Log is fraudulent behavior and may be reason for termination from any/all County Provider Networks and may prohibit future contractual agreements with the County.
5. Time/date on the Service Verification Logs are to be cross-checked with the Worker's notes before billing occurs. The Agency staff checking the logs should be cognizant of any irregularities (i.e., variance in the same person's signature, appearance that all signatures may have been gotten at one time, etc.) and must notify Wraparound Milwaukee immediately of the suspect behavior.

Q. **Completing and Filing Notes**

1. All notes must be entered into Synthesis as soon as possible, but no later than four (4) calendar days after the contact occurred. In those instances where the contact poses to be one of a critical nature, the Worker must document this contact immediately.
2. As the Provider Notes are in the electronic medical record, printing and filing notes in the Agency client file is OPTIONAL (See Attachment #5 for guidance for on-line documentation procedures/

requirements.).

3. Agency may choose to still print out the notes if they desire. The Agency should consider implementing the practice of printing out all Provider Notes at the closure of service so that a hard copy can be maintained at the Agency for future immediate access.

R. **Mandatory Reporting of Abuse**
All Workers must be knowledgeable and adhere to Wraparound Milwaukee Policy #034 Mandatory Reporting.

S. **Liability Issues**
Milwaukee County will NOT be liable in the circumstances where a youth/family may steal from a Worker and/or cause damage to the Workers person or property.

T. **Termination**
Workers terminated for JUST CAUSE from one Agency in the WPN may not provide service for another Agency in the Network. An Agency's failure to abide by this, could lead to their suspension or termination from the Network.

References

DHS 34- https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34

Wisconsin Medicaid and BadgerCare Update: Crisis Intervention Services- https://www.forwardhealth.wi.gov/kw/pdf/2006-55.pdf

Attachments

4: Verification Log Example
3: Transportation Consent Form
6: School Visits by Crisis Workers
1: Supervision Guidelines
2: Provider Referral Form
5: Provider Note Entry Instructions

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	9/24/2021
	Brian McBride: ExDir2 – Program Administrator	9/24/2021
	Dana James: Integrated Services Manager- Quality Assurance	9/24/2021
	Dana James: Integrated Services Manager- Quality Assurance	9/24/2021

WRAPAROUND MILWAUKEE
GUIDELINES FOR CRISIS STABLIZATION
SUPERVISON MEETINGS

As required by Wraparound Milwaukee policy, one hour of supervision must be provided by a master's prepared or above clinician for every 30 hours of face-to-face contact provided by each Crisis Stabilization/Supervision direct service provider. (See Wraparound Milwaukee Policy #036 – Crisis Stabilization/Supervision Services for detailed information regarding the provision of this service.)

Supervision sessions should be used to seek consultation related to individual service recipient's needs. Agencies are encouraged to establish routine supervision times so that direct service providers may obtain consultation and supervision for each service recipient as needed but at least once every 30 days.

Supervision can be provided individually or in a group. In either situation, the content of the review must be youth specific regarding the youth's plan, youth's response to the plan, strategies that might be appropriate to the specific youth, etc. Meetings may not be "topic" specific such as an in-service on working with youth with ADHD. It is recommended that group sessions be limited to a maximum of 8 direct service providers. Service providers may only be credited for actual time in attendance at the meeting.

For individual supervision, the agency is to maintain a record of:

- Date of the meeting
- Beginning and end times for each meeting
- Name(s) of the youth discussed at the meeting
- Name of the direct service provider
- Summary of the content of the supervision (ie: current status of the youth, barriers to achieving POC goals, clinical recommendations, interventions/strategies to be implemented to decrease or de-escalate crisis, safety concerns).
- Signature of clinical supervisor and direct service provider.

For group supervision, the agency is to maintain a record of:

- Date of the meeting
- Beginning and end times for each meeting
- A sign-in sheet for all staff in attendance at the meeting, including clinical supervisor
- List of the names of the youth discussed at the meeting
- Brief statement as to the content of the supervision
- Issues addressed and recommendations made

Wraparound Milwaukee recommends that the agency maintain Crisis Stabilization/ Supervision – Clinical Supervision Records in a location that can be readily accessed by agency staff and Wraparound Milwaukee staff for review such as a three ring binder with the binder organized by month and by provider with the most recent note on top.

Agency records related to supervision meetings are to be retained for a period of at least 5 years.

WRAPAROUND MILWAUKEE
Crisis Stabilization Policy
Attachment 2

Wraparound Milwaukee

PROVIDER REFERRAL FORM

SYNTHESIS ON-LINE FORM

Referral Date: 7/1/06
Referred by: Aggie Hale - Wraparound Milwaukee
Phone Number(s):

Wraparound Milwaukee Enrollee Name - Client, Sample
DOB: 1/1/91
Gender: Male
Ethnicity: Bi-racial

Current Placement:

Date	*Type*	*Location*
12/1/04	RCC	Homme Home - Nellsville
2/1/05	Home	Parent

Contact Information

Youth	Sample Client	1234 Any Strreet Milwaukee, WI 53201
Mother	Mary Client	5858 S. 5th St. Milwaukee, WI 55555
Father	Unknown ,	No address listed

Siblings / Children (not required for transportation services if only transporting identified client)

Name	*Relationship*	*DOB*
No siblings/children listed		

School Information

School Name	*Grade*	*Special Education?*

Diagnoses:

Axis	*Description*
I (R/O)	Oppositional Defiant Disorder
I (Primar	Attention Deficit Dis, combined typ
II	Communication Disorder NOS
III	asthma
IV	divorce of parents
V	45

Diagnosed By: Dr. Jones
Diagnoses Date: 5/1/2005

Current Medications

Type	Used For	Dosage/Frequency	Prescribed By	Phone
ritalin	hyperactivity	5mg - 2X daily	Dr. Smith	555-8989
Albuteral inhaler	asthma	3 puffs - as needed	unknown	
Orthonovum	birth control	1 pill - daily	unknown	

Safety Concerns
Safety concerns are ...

Name of Provider/Agency Being Referred to:
Acme Clinic
555 S. 5th St.
Milwaukee, WI 55555

Strengths/Interests
Youth's strengths/interests are ...

Needs/Reason for Referral
Reason for referral is ...

Service(s) Being Requested
5160, In-Home Therapy, 2X a week - Mon, Wed or Thurs preferred

Special Accommodation Needs, if any
Special accommodation needs are ....

WRAPAROUND MILWAUKEE
Crisis Stabilization Policy
Attachment 3

TRANSPORTATION CONSENT FORM

PARTICIPANT'S NAME: _____ DOB: _____
(Print)

_____ OF _____
(Peer Specialist's Name) (Name of Peer Specialist Agency)

HAS PERMISSION TO PICK UP AND TRANSPORT _____
(Name of participant)

FROM _____ THROUGH THE TERMINATION OF SERVICES FROM THIS AGENCY.
(Effective Date)

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:

_____

_____

_____

_____ _____ _____
Signature of Legal Guardian (if participant under age 18) Relationship to Youth Date

_____ _____
Signature of Participant (must sign if age 14 or over) Date

WITNESSED BY:

_____ _
Print Name of Witness

_____ _____
Signature of Witness Date Witnessed

_____ _____
Agency Address Agency Phone

EMERGENCY CONTACT:
Name:_____

Address: _____

State:_____ Zip:_____ Phone:_____

Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.

WRAPAROUND MILWAUKEE
Crisis Stabilization Policy
Attachment 4

nd Milwaukee
ion Log

Enrollee Name: ______________________________
Recipient Name:

Service Month/Year:

Agency Name: ______________________________
Provider Name(s):

Service Name: ______________________________
Code Billed:

Session Date	No Show (x)	Person(s) Seen / Relationship to Enrollee/Client	Actual Session Time + Actual Travel Time = Total Units	Location	Signature of Recipient and/or Parent/Guardian Caregiver	Date of Signature	Relationship to Recipient (Indicate relationship if it's not the recipient that has signed)
SAMPLE 03/04/2018	☐	John Smith (enrollee)	Travel Start Time: 8:00AM; Session Start Time: 8:12AM; Session End Time: 9:12AM; Travel End Time: 9:36AM Total Units (Session + Travel): 1.6	☒ Client's Home ☐ School ☐ Office ☐ Other:	John Smith	Today's Date: 03/04/18	Self
	☐		Travel Start Time; Session Start Time; Session End Time; Travel End Time Total Units (Session + Travel):	☐ Client's Home ☐ School ☐ Office ☐ Other:		Today's Date:	
	☐		Travel Start Time; Session Start Time; Session End Time; Travel End Time Total Units (Session + Travel):	☐ Client's Home ☐ School ☐ Office ☐ Other:		Today's Date:	
	☐		Travel Start Time; Session Start Time; Session End Time; Travel End Time Total Units (Session + Travel):	☐ Client's Home ☐ School ☐ Office ☐ Other:		Today's Date:	
	☐		Travel Start Time; Session Start Time; Session End Time; Travel End Time Total Units (Session + Travel):	☐ Client's Home ☐ School ☐ Office ☐ Other:		Today's Date:	
	☐		Travel Start Time; Session Start Time; Session End Time; Travel End Time Total Units (Session + Travel):	☐ Client's Home ☐ School ☐ Office ☐ Other:		Today's Date:	
	☐		Travel Start Time; Session Start Time; Session End Time; Travel End Time Total Units (Session + Travel):	☐ Client's Home ☐ School ☐ Office ☐ Other:		Today's Date:	
	☐		Travel Start Time; Session Start Time; Session End Time; Travel End Time Total Units (Session + Travel):	☐ Client's Home ☐ School ☐ Office ☐ Other:		Today's Date:	

6 minutes = 0.1 units, 12 minutes = 0.2 units, 18 minutes = 0.3 units, 24 minutes = 0.4 units, 30 minutes = 0.5 units, 36 minutes = 0.6 units, 42 minutes = 0.7 units, 48 minutes = 0.8 units, 54 minutes = 0.9 units, 60 minutes = 1.0 units

NOTE: Having the recipient pre-sign the Session Log is fraudulent behavior and may be grounds for termination from any/all County Provider Networks and may prohibit any future contractual arrangements with the County.

Crisis Provider Note Entry Instructions

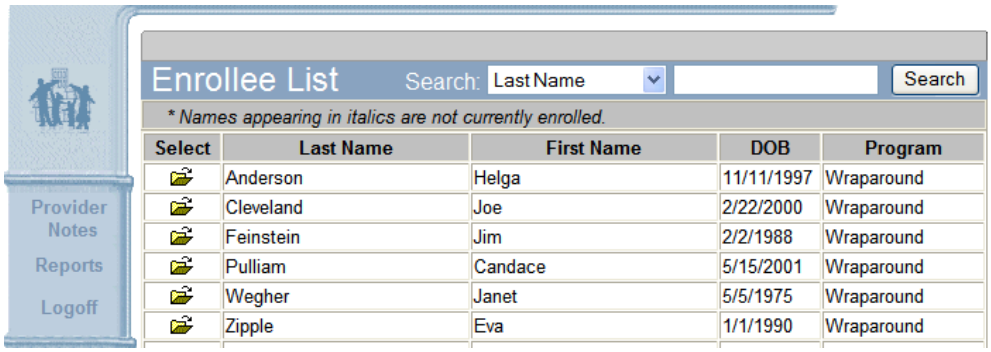
Rev: 10/2012

STEPS TO THE PROCESS

1) Entering the Note
2) Signing the Note
3) Supervisory Approval
4) Printing Notes (OPTIONAL)

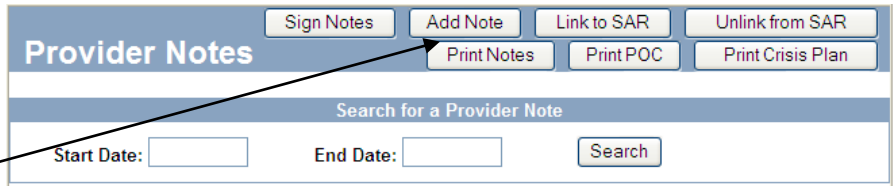
STEP 1: Entering the Note

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



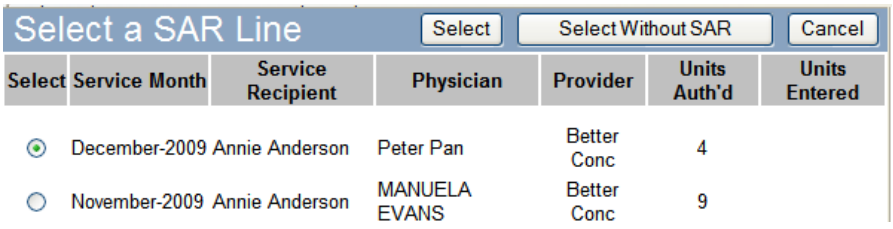
Select the Youth's Name. To look up the youth's name – type part of the last name in the Search box and click "Search." Click on the envelope to open that record.

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

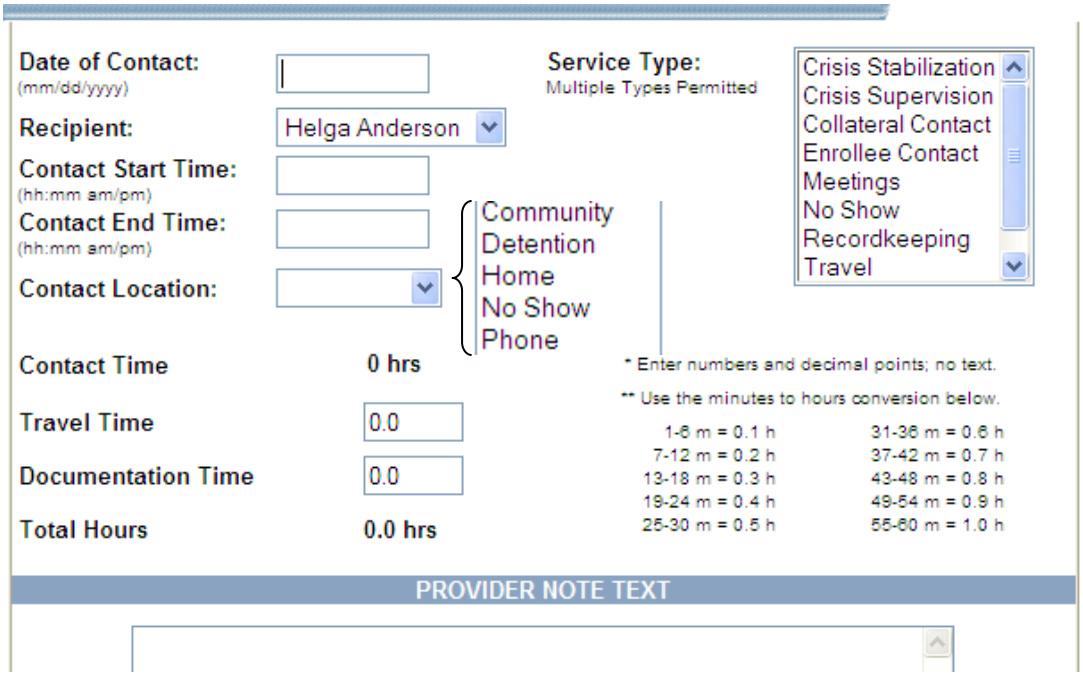


Click on **Add Note**.

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.)



Data Entry Screen for Provider Notes:



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 Wraparound child if that is what was authorized on the SAR.

Start and End Times: Wraparound Milwaukee **requires** these fields to be entered. The start time and end time is reflective of either the start time and end time of the face-to face contact being made or the phone contact being made. The time must reference a.m. or p.m. If you are documenting a no-show and want to indicate the time of the no-show, you can enter a 1-minute time frame (9:00 – 9:01 pm),or you can leave both fields blank. Entering the time will result in 0.1 contact time calculating, which is allowable; you would just adjust your documentation time accordingly.

Contact Location: Select the location where the contact occurred. If the youth is in Detention, and the contact was a phone or face-to-face contact with a family member, the location should still be listed as Detention to ensure that contact time is not billed to Medicaid by Wraparound.

Service Type: You must ALWAYS indicate if it is a Crisis Supervision or Crisis Stabilization contact. Then you ALSO 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 youth alone or seen 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. Also, use this code if you are providing stabilization/supervision services to a sibling or parent/caregiver of an identified enrollee. If the youth 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" unless the contact results in a discussion related to the youth's crisis/safety plan or POC safety domain.

- 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 youth must be present.
- No Show: Use this code when no covered service was provided, i.e.- the youth was not available when the provider arrived at the place of contact.
- Release of Information: Use this code when written material is released from an enrollee's record and/or for disclosure of protected health information. The Release of Information note text must include the following:
    - Reason for release (i.e., "As part of ongoing crisis stabilization communication …")
    - Who the information was released to (i.e., name of person, agency, address and/or phone number)
    - What was released (i.e., crisis stabilization documentation)

  Example: "As part of ongoing crisis stabilization communication, crisis stabilization progress notes from 3/1/07 to 3/31/07 were mailed to James Smith, probation officer of Children's Court Center, 9800 Watertown Plank Road, Milwaukee, WI 53226."
- Other: Use this code if service time you are documenting cannot be identified as any other service type (i.e., preparing written crisis stabilization related letters/documents to be given to the youth/family.)

Service Hour Reporting:

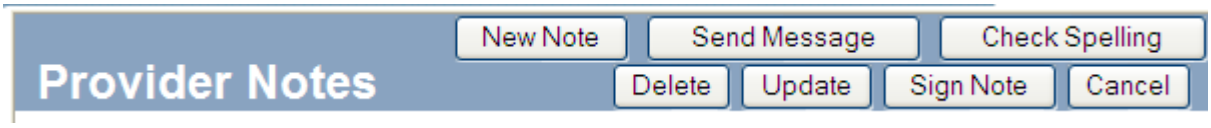
Contact Time:
This will auto-calculate based on the Start and End Times entered.

Travel Time:
Enter the amount of time spent in travel for this contact. (If a phone contact, enter 0 or leave blank)

Documentation Time:
Enter the amount of time it took to write the note.

Provider Note Text
See Section II, P. of Policy #036, Crisis Stabilization/Supervision Services, for a detailed description of what needs to be included within the text of all notes.

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 "Insert" to save your note. If you insert your note first and then do a Spell Check – you must click "Update" to save any changes.**

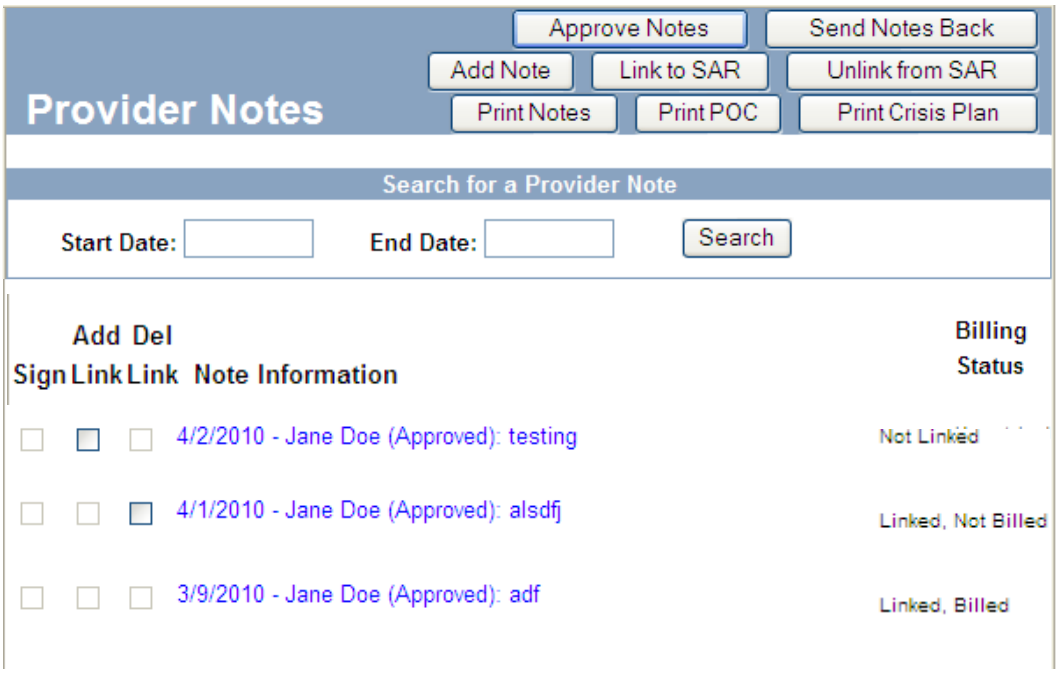
You can make any edits or corrections to the note. Simply make your changes and click "Update"

Linking the Note to a Service Line and Signing Notes.

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

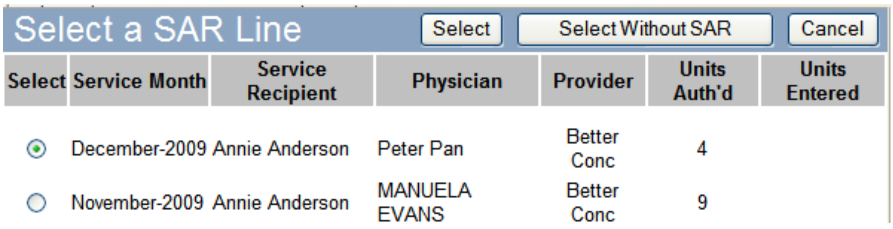
LINKING NOTES

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 youth 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.

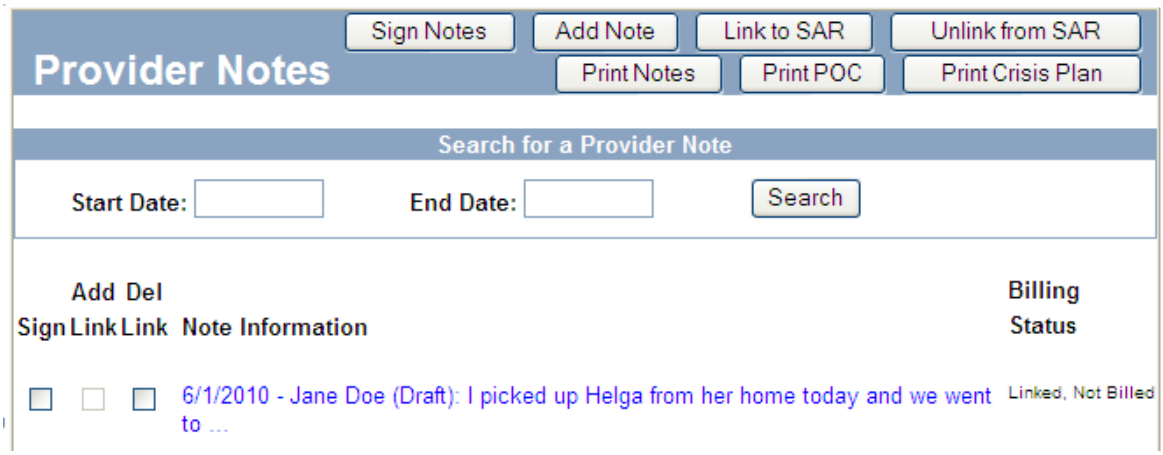


SIGNING NOTES

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 Progress Note screen.

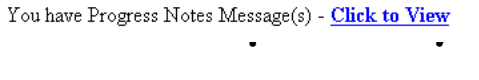
Signing a batch of notes for a youth is done from the initial display screen shown after you select a specific youth's name.



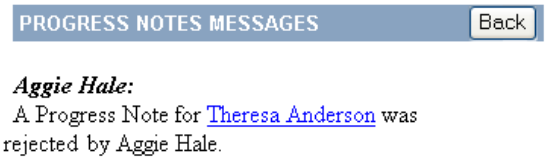
Select which notes you want to sign by putting checkmarks in the Sign column, and then press "Sign Notes."

For the Crisis 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



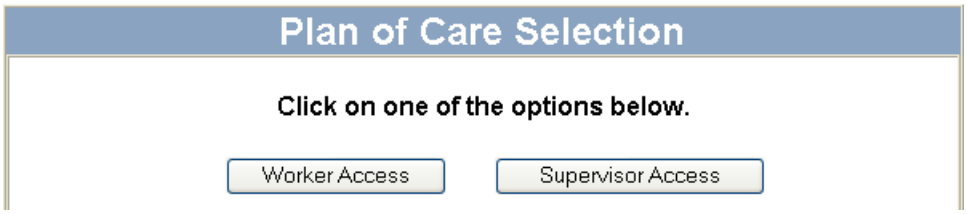
After "Click to View," a list of any rejected notes will appear. Click on youth name to link to note.



If you are a Supervisor, you will be responsible for approving all of the crisis workers notes. You can do this by individual enrollee (as described above for the workers), or you can do a group of supervisees and all of their notes for a specific time frame.

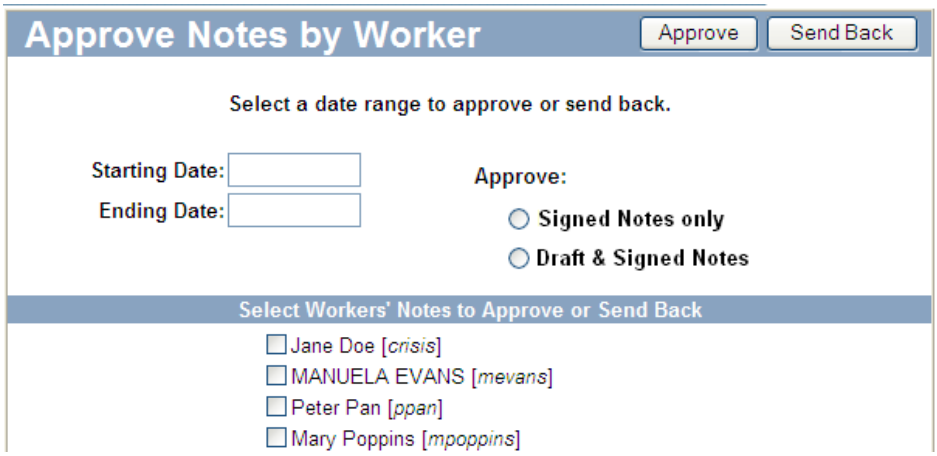
To approve notes for multiple workers/youth/dates at one time:

After you click on the Provider Progress Notes in the Table of Content (TOC) area, the following screen appears. Select "Supervisor Access."



The screen that follows will allow you to approve or reject groups of notes for groups of workers. Simply enter the date range you want to approve, select the provider(s) that you want to approve notes for, select which types of notes you want to approve, and click "Approve." (You can also Reject batches of notes this way. If you Reject note(s), the note becomes editable by the worker again, and a login message is sent to that worker to update the note.). After you approve the notes, they are no longer editable, and are ready for billing.

NOTE: Synthesis serves as the medical record for our youth, which is why you cannot edit or delete a note after it has been signed. However – there are times when the NON-TEXT portions of a note can be updated. This would occur if a note was dated wrong, if the wrong service type or location was chosen or if other billing information is incorrect. To request these types of corrections – **agency supervisory staff** (not individual staff members) **should send an email to Aggie.Hale@milwcnty.com and specify what changes need to be made.** She can make an amendment note in the medical record and makes the changes.

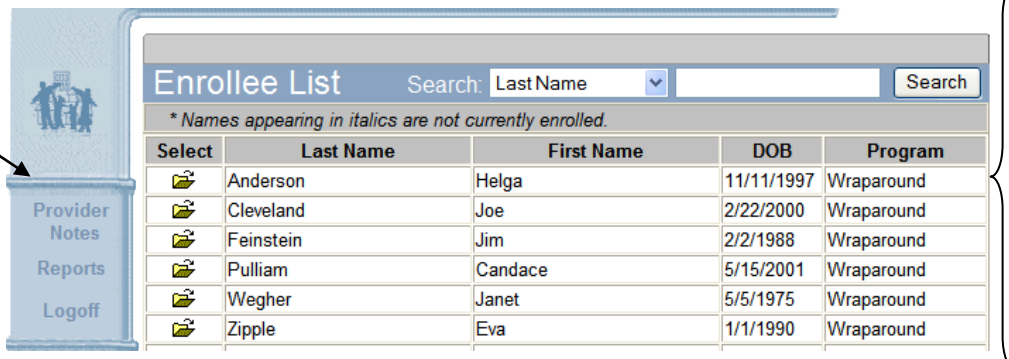


STEP 4: Printing Notes (OPTIONAL)

To print Provider Notes, first click on Provider Notes in the TOC area.

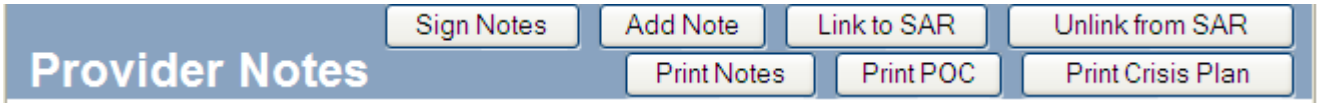
Then, select the enrollee name you wish to print notes for:

Select Provider Notes

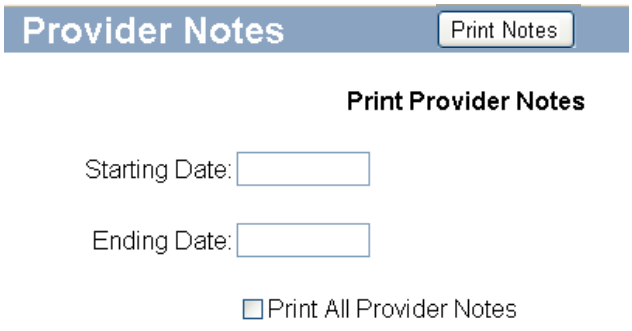


Select the enrollee Name. To look up a youth name – type part of the last name in the Search box and click "Search." Click on the envelope to open that name.

Click on "Print Notes"

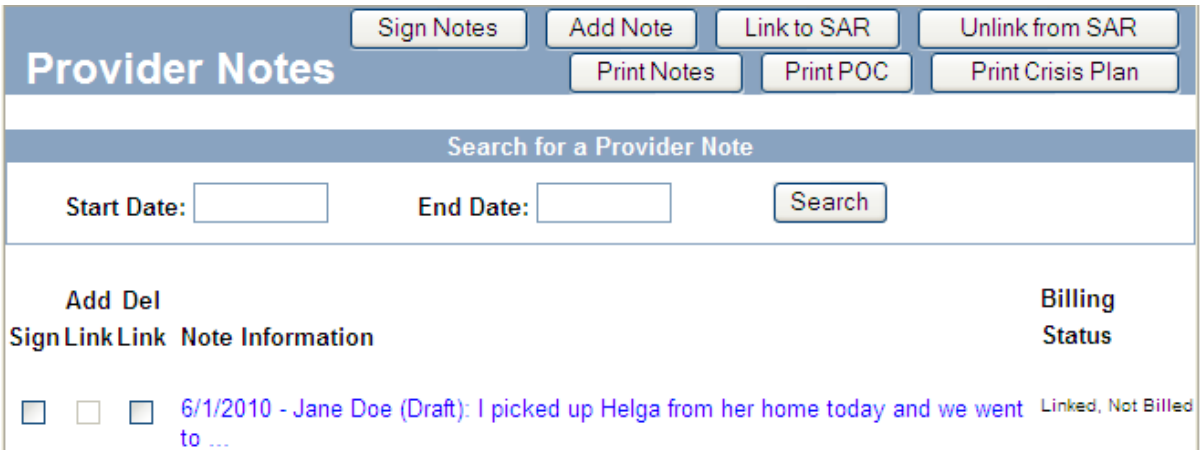


The following screen appears. Enter the date range you wish to print, and click "Print Notes."



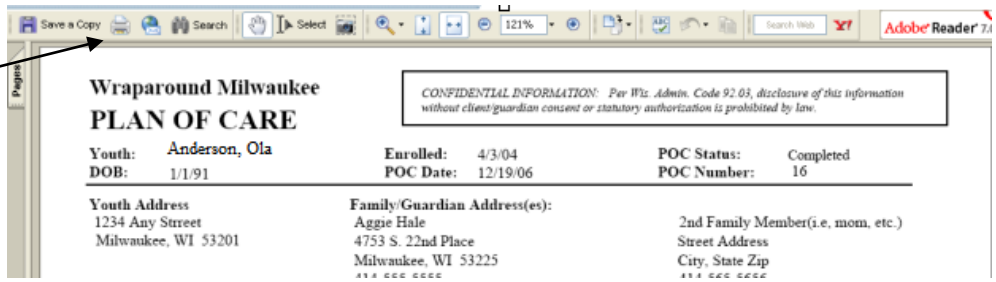
Printing Plans of Care (POCs) and Crisis Plans

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.



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.



O:\catc\wrapcmn\Synthesis\CrisisProviderEntryInstructions

Utilization:

School visits by Crisis Workers are only appropriate for school related Crisis Prevention and Stabilization. Prevention and other "check in" type visits must be scheduled in such a way as to minimize stigma and disruption and maximize normal school participation. MPS staff and teachers will have final authority for permission and guidelines to be on premises generally, and for each specific visit.

Any visits which do not conform to Wraparound or MPS visitation policy are disallowable and subject to recovery.

Initial School Contact:

Prior to the initial school visit and at the beginning of each school year, Crisis Workers and Care Coordinators shall establish contact (telephone or in person) with the school office and youth's teacher(s) to identify the Crisis Worker by name and briefly describe their role. These contacts must be documented in the provider's notes, and are billable.

Initial School Visit:

Upon initial visit, Crisis Stabilizer will report to the school office, present identification, and greet school personnel according to the following:

Consent: Crisis Worker must bring a copy of the signed consent/release to the initial school visit which shall be presented upon request to school personnel.

Identification: All agencies must provide a picture identification to Crisis Workers, which must be worn/displayed by the Crisis Worker at all times while conducting a school visit unless permission is given for it to be removed. This identification must include, at a minimum: a photograph of the worker, worker's first and last name, name of agency, and a reference to Wraparound Milwaukee (for existing employee id badges which do not make reference to Wraparound, agency can print and adhere a sticker to the id badge). In addition, all Crisis Workers shall also carry business cards which must be provided upon request to school staff, and should include contact information for their agency (i.e., general phone number). Example Business Card-

WRAPAROUND MILWAUKEE
[Agency Name] [Agency Phone Number]

Provider:_____

Phone: (____)_____

Greeting: Crisis Stabilizers shall identify themselves as, "Hello, my name is [First and Last name], and I am a Crisis Worker employed by [name of agency] for Wraparound Milwaukee. I am here today requesting a [purpose of visit: stabilization/prevention, etc.] visit with [youth name]. What rules for visitation do I need to follow for future visits?"

Ongoing visits:

All ongoing visits must conform to school specific policy described during initial visit.