I. POLICY

It is the policy of Wraparound Milwaukee that all Crisis Stabilization/Supervision Providers through the Wraparound Provider Network and Wraparound Care Coordinators for the Wraparound Milwaukee program correctly utilize and implement Crisis Stabilization/Supervision services.

Crisis Stabilization/Supervision is a one-to-one service primarily provided to Wraparound enrolled youth who, due to their emotional 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.

Note: All Crisis Stabilization/Supervision Agencies and Providers must follow all applicable standards referenced under HFS 34 (see Attachment 1) and the Wisconsin Medicaid Update – Crisis Intervention Services, July 2906 (see Attachment 2), in addition to the following procedure.

II. PROCEDURE

A. Definitions and Descriptions.

1. Crisis Stabilization is a short-term or ongoing mental health intervention provided in or outside of the youth’s home, designed to evaluate, manage, monitor, stabilize and support the youth’s wellbeing and appropriate behavior consistent with the youth’s individual Crisis/Safety Plan. The crisis stabilizer helps to insure adherence of the youth and caregiver to the Crisis/Safety Plan, including helping the family to recognize high risk behaviors, modeling and teaching effective interventions to deescalate the crisis, and identifying and assisting the youth with accessing community resources that will aide in the crisis intervention and/or stabilization.

Per HFS 34.02, Wisconsin Medicaid uses the following definitions:
Crisis - a 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.

Crisis Plan - a 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.

Emergency Mental Health Services - a coordinated system of mental health services that provides an immediate response to assist a person experiencing a mental health crisis.

Response Plan - the plan of action developed by program staff to assist a person experiencing a mental health crisis.

Stabilization Services - optional emergency mental health services that provide short-term, intensive, community-based services to avoid the need for inpatient hospitalization.
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. All crisis intervention services must conform to the standards in HFS 34, Subchapter 3, WIs. Admin. Code. Crisis Intervention services include:

➢ Initial Assessment and Planning.
➢ Crisis Linkage and Follow-up services.
➢ Optional Crisis Stabilization services (see page 1 of Attachment 2).

2. Crisis Supervision is generally a short-term mental health intervention, 30 to 90 days in duration, that may require daily/seven-day-per-week contact with the youth (face-to-face or by phone), that is associated with a specific circumstance or situation identified in the youth’s crisis and/or safety 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 youth’s plan of care, attendance at support or therapy sessions, taking prescribed medications or other tasks or events as specified in the individual youth’s crisis/safety plan. Supervision services may need to be authorized as part of a Court order.

B. Required Credentials/Responsibilities.

Agency Director

1. Directors themselves must comply with all background check requirements/guidelines.

2. Directors are ultimately responsible for all Crisis Stabilization/Supervision operations ensuring compliance with the Wraparound Milwaukee Fee-for-Service Agreement, all policy and procedure requirements, HFS 34 guidelines and any other relevant documents, memoranda, State mandates.

3. Directors must ensure that those employed to supervise and or provide direct crisis services meet all Wraparound Milwaukee/State employment requirements (i.e., background checks, drivers abstracts/licenses/insurance, training, etc.).

4. Directors must ensure that all human resource, programmatic and clinical staff meet the minimum qualifications identified in this policy and that corresponding job tasks are engaged in a manner ensuring compliance with Wraparound/State expectations and best practice standards.

5. Director oversight of the proper maintenance of client and personnel files is paramount.

Program Supervisor/Crisis Stabilization/Supervisor

1. Program Supervisors must be affiliated with an agency certified by Wraparound Milwaukee to provide crisis stabilization work with youth with acute and/or intense needs.

2. Program Supervisors must have, at minimum, a B.S. in a Human Services field plus 2,000 hours of experience in working with youth and families preferably in crisis situations.

3. Program Supervisors must have knowledge of/understand crisis intervention strategies and Wraparound and State mandates/policies/guidelines and be able to implement these.

4. Program Supervisors must provide daily programmatic oversight.

5. Program Supervisors must be able to train crisis workers, 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/family complaints, attend Child and Family Team meetings as needed, engage in quality assurance activities/tasks to ensure services/care is being provided in an ethical, policy/best practice-driven manner.

Clinical Supervisor

1. The clinician providing clinical supervision must be pre-approved to do so by the Director of the Mobile Urgent Treatment Team and/or his designee. Along with the person’s name and credentials, the crisis agency must submit the clinician’s resume and proof of current professional liability insurance as required by the Wraparound Milwaukee Fee-for-Service Agreement. The agency is
responsibility for monitoring Clinical Supervisor compliance with the Wraparound Milwaukee Fee-for-Service Agreement professional liability insurance requirements.

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

_Important:_ Clinicians currently providing clinical supervision must comply with the licensing requirement effective 1/1/2012.

3. Clinical supervision of individual crisis workers includes direct review, assessment and feedback regarding each crisis worker’s delivery of emergency mental health services.

4. Documentation that supervision occurred with the Crisis/Supervision Worker must be present. This can be in the form of a brief note indicating the name of the Crisis/Supervision Worker, the date that supervision occurred, the length of the supervision session (i.e., one hour), and the content of the interaction/discussion (i.e., what youth(s) was/were discussed, interventions to be employed, strategies to consider). The Supervising Clinician must then sign and date the note with their full name and credentials. It is preferential that the crisis worker who is engaging in the worker/clinician supervisory interaction also sign and date the clinical supervisors note as verification that the supervision took place.

5. Within the first 6 months of hire, the Clinical Supervisor must attend Wraparound Philosophy Training.

_Note:_ The Clinical Supervisor can be the Program Supervisor.

**Lead Worker**

1. Lead Workers must meet all the criteria of the Worker plus have been employed at the Crisis Stabilization/Supervision agency for at least 2,000 hrs. (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 and provide exemplary services as evidenced by positive agency staff performance evaluations (i.e., positive family surveys/feedback; skill in progress note writing; and leadership/organizational qualities).

2. Lead Workers, under the direct supervision of the Program Supervisor, may assist with identified supervisory tasks, review/approval of peer documentation/performance, quality assurance tasks and/or function as an agency emergency contact.

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

**Worker**

1. Crisis Stabilization/Supervision Workers must be affiliated with an agency certified by Wraparound Milwaukee to provide crisis stabilization work with youth with acute and/or intense needs.

2. Crisis Stabilization/Supervision Workers providing services under service code 5303 must possess, at minimum, a High School Diploma or G.E.D.

3. Crisis Stabilization/Supervision providers under 5303B must have one year of full-time, pre-degree or post-degree experience in a human service area providing direct services to youth with serious emotional, behavioral or mental health conditions. In addition, they must have a BA/BS degree in a relevant area of education, human services or health care or have a BA/BS degree in any other area with a minimum of four years training or work experience in providing mental health services. Final determination of whether such training or experience would qualify would be made by the Mobile Crisis Program Director or designee.

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

_Note:_ Crisis agencies that plan to use a record of a verbal contact that is documented on an agency form will need to have the form reviewed and approved by the Wraparound Milwaukee QA Director.
5. Crisis Stabilization/Supervision Workers must meet all Wraparound/State requirements/expectations prior to hire and/or providing direct client care (i.e., background checks, drivers abstract, driver’s license/insurance, being authorized through the Wraparound Milwaukee Provider Network as evidenced by the start date in Synthesis).
6. Crisis Stabilization/Supervision Workers must engage in initial/ongoing training and supervision as mandated by HFS 34.
7. Crisis Stabilization/Supervision Workers must be able to adequately implement the Crisis Plan/POC strategies and be available as needed by the youth/family.
8. Crisis Stabilization/Supervision Workers must engage with youth/families/all Child & Family Team members and provide crisis services in an ethical, respectful, responsible manner.
9. Crisis Stabilization/Supervision Workers must be able to clearly/thoroughly document all interventions/contact.
10. The BA/BS or MS level of certification (5303B) is the preferred level of provider for Wraparound High Risk Youth.

C. Criminal History, Criminal Background Check, Caregiver Law and County Resolution.
A Statewide criminal background check must be done by the Agency prior to the hiring and training of the Crisis Stabilization/Supervision Worker. There must be adherence to the Wisconsin Caregiver Law/County Resolution. (See Caregiver Background Check Policy # 057 for more details and expectations)

D. Driver’s Abstract /Driver’s License and Insurance.
The Agency that employs the Crisis Stabilization/Supervision Worker must maintain verification that a Motor Vehicle Abstract was completed prior to the first transport and that the worker has a current, valid Wisconsin Driver’s License and current automobile insurance. A motor vehicle abstract check can be done by calling Madison at (608) 261-2566. If there are any violations on the abstract within the last three years, a copy of the abstract must be attached to the Request to Add a Direct Service Provider Form (ADD Slip) for Wraparound Milwaukee review. Abstracts must be completed annually or at any time within that period when the agency believes a new abstract should be obtained. Beyond Wraparound’s review/approval of the drivers abstract, the Agency has the discretionary right, when reviewing the abstract, to determine whether or not any driving violations may place the youth/families at risk and can then make the decision as to whether the Crisis Stabilization/Supervision worker should transport youth/employed.

E. Required Training Hours/Topic Areas.
The Agency must adhere to the following training requirements as specified in HFS 34.21 (8) (see Attachment 1) as well as any Wraparound Milwaukee mandated trainings.
1. Initial Training,
a. For staff with less than 6 months of prior work experience providing emergency type mental health services, forty (40) hours of training must occur and be documented.
b. For staff with at least 6 months of prior work experience providing emergency type mental health services, twenty (20) hours of training must occur and be documented.
Note: The above training MUST occur within the first 3 months of employment.

Initial training must include Crisis Prevention Intervention (CPI), Managing Aggressive Behavior (MAB) or a similar program along with a thorough review of the Wraparound Milwaukee Crisis Stabilization/Supervision Policy. See other areas of applicable training under the “Ongoing Training” areas below.

Lead Workers will be required to attend Wraparound Milwaukee’s Philosophy Provider Training (Level I and Level II or another similar Wraparound sponsored and approved training such as Wraparound 101) within the first six months of employment as a Lead.

2. If a Crisis Provider leaves an Agency and returns to that same Agency within six (6) months, they will NOT be required to go through the initial training again, but will be expected to document
the eight (8) hours of ongoing training that they would have accrued had they maintained that position/employment.

3. **Ongoing Training**.
   Staff are required to attend at least eight (8) hours per year of documented, ongoing, job-related training.
   The following job-related trainings should be provided:
   a. Provider job description/agency responsibilities and policies.
   b. Relevant State Statutes and Administrative Rules, including client rights and confidentiality of youth records and an overview of other Wraparound Milwaukee relevant policies.
   c. Basic mental health and psychopharmacology concepts applicable to crisis situations.
   d. Techniques for assessing and responding to persons with emergency mental health needs who are suicidal and/or are experiencing AODA related problems.
   e. Mandatory Reporting requirements.
   f. De-escalation techniques.
   g. First Aid/CPR.
   h. Establishing boundaries/building trust.
   i. Family dynamics.
   j. Engaging resistive youth/families.
   k. Identifying and utilizing youth/family strengths.
   l. Conflict resolution.
   m. Working with culturally diverse populations.
   n. Youth growth and development/human sexuality.
   o. Working as a team.
   p. Empowering youth/families.
   q. Nurturing social and interpersonal growth.
   r. Working with high risk youth / managing risky behaviors.
   s. Ethical service provision, documentation practices and billing procedures.

*Note: 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.*

F. **Clinical Supervision of Crisis Workers/Lead Workers**.
   It is required by HFS 34.21(7) (see Attachment 1) that all Crisis Stabilization/Supervision Workers receive clinical supervision by, at minimum, a Masters level, Medicaid-certified clinician with 3,000 hours and course work in areas directly related to providing mental health services. “Clinical supervision of individual program staff members includes direct review, assessment and feedback regarding each program staff member’s delivery of emergency mental health services.” Supervision services should also be used to seek consultation related to individual service recipients needs. Agencies are encouraged to establish routine supervision times so that direct service providers may obtain consultation and supervision as needed/required.
   Documentation that supervision occurred with the Crisis/Supervision Worker must be present. This can be in the form of a brief note indicating the name of the Crisis/Supervision Worker, the date that supervision occurred, the length of the supervision session (i.e., one hour), and the content of the interaction/discussion (i.e., what youth(s) was/were discussed, interventions to be employed, strategies to consider). The Supervising Clinician must then sign and date the note with full name and credentials (see Wraparound Milwaukee Guidelines for Crisis Stabilization/Supervision Meetings - Attachment 3).

The amount of Supervision that must occur per each Crisis/Supervision Worker is referenced under HFS34.21(7)(d)(e). **This reads that one-hour of supervision must be documented for every 30 hours of face-to-face contact.** In addition, per Wraparound’s directive, a provider is expected to receive at least one hour of supervision every 30 days *(or per month)* regardless if they have documented 30 hours of face-to-face contact.
(see Attachment 3). The Clinical Supervisor can determine if the individual Crisis Stabilization/Supervision Worker is in need of further supervision above and beyond the current minimum requirements “to ensure that clients of the program receive appropriate emergency mental health services.” If the efforts of the Crisis Stabilization/Supervision 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 (see Attachment 3 for individual/group supervision guidelines).

In addition, Lead Workers must formally meet with the Clinical Supervisor once a month (for a minimum of one hour if in a group of 2 to 6 Leads, or 30 minutes if being seen individually), to process any issues related to their job role, documentation review skills, quality assurance concerns or Worker performance issues. Attendance sheets for these monthly meetings/individual sessions must be kept and must include the date, time frame, purpose of the meeting (i.e., Monthly Lead Supervision Meeting, the issues that were addressed, name of the Clinical Supervisor conducting the meeting/individual session and the signatures of the attendees). This meeting requirement is not to be confused with the supervision that must be provided for the 30 hours of client contact as referenced above.

The Clinical Supervisor must also be available for additional consultation/supervision as needed.

G. Crisis Quality Assurance Guidelines
1. Agency must have a formal/written quality management plan. This plan must address:
   a. Agency staff responsible for implementing the plan.
   b. Staff supervision oversight.
   c. Management of complaints.
   d. Agency hiring practices
   e. Personnel file maintenance procedures – include information about any databases/processes (i.e. driver’s abstract, driver’s licenses, driver’s insurance, background check tracking systems).
   f. Client file maintenance and tracking of required documents (i.e., consents, service logs, etc.).
   g. Plan for obtaining ongoing youth and family input regarding the quality of service delivery. This may be accomplished through a written satisfaction survey, phone surveys or face-to-face contacts by other than the direct service provider.

   Plans must be updated at least every 2 years. Wraparound Milwaukee will require that the written plan be submitted with the Fee-for-Service Renewal and be available upon request.

2. Crisis Workers can only be employed through one Wraparound Provider Network agency and are limited to only providing Crisis Stabilization/Supervision and mentoring services at that agency.

3. Crisis Workers are limited to providing only one service within a family.
   a. Crisis Workers cannot be simultaneously authorized as a Crisis Worker and a Mentor for the same child in the same month.
   b. Crisis workers cannot serve both as a Mentor and a Crisis Worker for the same family for different children in the family.

4. If there is no documented crisis in 2-3 months then the Child and Family Team must consider either reducing the amount of hours authorized for the provision of Crisis Stabilization, or transitioning the youth to a less intense service such as mentoring.

5. Crisis Stabilization/Supervision Agencies must immediately notify Wraparound Milwaukee of any changes in the status of their Crisis Workers, Leads or Supervisors.

6. Crisis Workers may not solicit business for the agency from the family, including asking the family to advocate for additional service hours.

II. Agency and Worker Accessibility/ Provider Referrals.
Agencies providing Crisis Stabilization/Supervision must have a 24-hour/7-day-a-week coverage plan in place to handle incoming referrals both as an Agency and for the individual Crisis Stabilization/Supervision Provider, such as a rotating on-call pager system. There must be an agency response to a written (faxed), Synthesis-generated or telephoned Provider Referral within 24 hours. 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 and in the Plan of Care. The written, Synthesis-generated referral must be sent to the Agency on the Wraparound Provider Network PROVIDER REFERRAL FORM (see Attachments 4A & 4B). The Provider Referral Form must be received by the Crisis Stabilization Agency prior to the provision of services.

When a Crisis Stabilization/Supervision Worker is matched with a family, the Crisis Agency Director or Administrative Representative must call the Care Coordinator to inform them who the Worker is, so that the first visit can be arranged with the Care Coordinator. Crisis Stabilization/Supervision Workers should not be going to a youth’s/family’s home and/or calling a youth/family prior to that first collaborative meeting.

I. Confidentiality/Client Files/Consents/Release of Information.
The Crisis Stabilization/Supervision Workers 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.

A Consent Form that permits the Agency to serve a youth must be in each client’s file. The “CONSENT FOR SERVICE” form must be signed and dated by the parent/legal guardian prior to the provision of services. The Agency is expected to create their own Consent for Service form.

Prior to a Crisis Stabilization/Supervision Provider transporting a youth, a “TRANSPORTATION CCONSENT FORM” (see Attachment 3) must be signed and dated by the parent/legal guardian. If the Provider 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 continue to use their own form. The Transportation Consent Form must be signed prior to the provision of the first transport.

Information about a youth may be released to other individuals or organizations only upon presentation of an authorized “AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION” form, appropriately signed by the youth’s parent/legal guardian. The Agency is expected to create their own form.

Client records must be respected and maintained in a secure cabinet or room and are to be maintained at the Agency until the client becomes 19 years of age or until 7 years after services have been completed, whichever is longer. The documents can then be appropriately disposed of/shredded.

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.

J. Collaboration – Care Coordinators and Crisis Workers/Agencies.
The Care Coordinator must attend the first visit to introduce the Crisis Stabilization/Supervision Worker to the family/youth.

As a member of the Child & Family Team, the Care Coordinator must inform and request attendance of the Crisis Stabilization/Supervision Worker at all relevant meetings (i.e., Plan of Care meetings, Child & Family Team meetings, meetings with youth and family and other systems as they pertain to the youth’s crisis intervention and crisis plan needs).

If there is a change in the Care Coordinator assigned to work with the family, the Care Coordinator must immediately inform the Crisis Worker, the Crisis Agency and other Child & Family Team members. If during the time a Crisis Worker is matched with a youth, if there is any change in the youth’s status (i.e., living situation, family relocation, psychological or physical health, behavioral concerns/incidents, school
concerns/incidents, court related issues, etc.), the Care Coordinator must make every effort to inform the Crisis Worker and/or the Crisis Agency Director or designee. This must be done as soon as possible.

K. **Transporting Youth.**
The motor vehicle in which the youth is transported must have working seat belts and the youth must wear the seat belt at all times when being transported. If the Crisis Stabilization/Supervision Worker is to pick up the youth at his/her home for a session/activity, it is mandatory that at least one responsible adult be at home when the youth is picked up and when the youth is dropped off. If that is not possible (i.e., the client is being picked up at school or directly from an activity), the Crisis Stabilization/Supervision Worker must carry a copy of the pre-signed Transportation Consent form giving him/her the permission to transport the youth.

**No youth should ever be left at home alone when being returned from a Crisis Stabilization/Supervision session** unless the Child & Family Team has discussed and approved this practice. The team should take into account things such as chronological and cognitive age of the youth, the youth’s ability to make good decisions and use good judgment, environmental safety, time of day, etc., when discussing the possibility of dropping a youth off unattended. Attempts should be made to call the parent/legal guardian/caregiver/emergency contact at the numbers listed on the Referral Form. If unsuccessful, the Care Coordinator should be called. The Care Coordinator needs to ensure that parents/guardians, crisis workers and youth know that a responsible adult must be available to receive a youth at all times unless otherwise indicated.

L. **Touching.**
Use the following guidelines related to touching a child/youth:
- Touching should be in response to the need of the child and not the need of the Crisis Stabilization/Supervision Worker.
- Touching should be with the child’s/youth’s permission - resistance from the child/youth must be respected.
- Touching of private parts is prohibited.
- Avoid touching that might be seen as being provocative.
- Touching or other physical contact should be governed by the age and developmental stage of the child/youth. For example, sitting in an adult’s lap may be appropriate for a three-year-old, but less so for an eight-year old, unless the adult is the child’s parent.

**It is always better to error on the side of caution and refrain from any physical contact with the client and any family member and child and family team member.**

M. **Covered Service Recipients**
Generally, **only the enrolled youth** in Wraparound can be covered and billed for under Crisis Stabilization/Supervision. If another family member is in need of this service, then the Care Coordinator must seek Wraparound Administrative approval through the Director of the Mobile Urgent Treatment Team (or his designee). Justification for this service must then be referenced in the time-applicable Plan of Care. *(See Section 1. Billing, 1-3, for additional information related to covered services.)*

**Note:** There is no limit on the length of time that crisis services are covered for a given recipient, but Providers must use the Crisis/Safety Plan and Plan of Care to document service needs and to justify the need for continued services. *If there is no documented crisis in 2-3 months then the Child and Family Team must consider either decreasing the amount of hours authorized for the provision of Crisis Stabilization or transitioning the youth to a less intense service such as mentoring.*

N. **Covered Services.**
1. **Allowable Service Time for Crisis Stabilization.**
   a. Face-to-face contact and supervision of the youth. 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 Crisis Domain on the POC. Documentation that is limited to a description of the activity engaged in is not sufficient.

b. Face-to-face crisis-related contact and/or teaching crisis prevention or crisis stabilization skills to the parent/caregiver/collateral contact.

c. Travel time (to and from) and record-keeping time related to the direct service. Travel time and record keeping time are not billed separately, but are billed as part of the covered service provided.

Example: If a Provider spends 20 minutes traveling to and from a recipient’s home, one hour providing covered crisis intervention services, and 10 minutes completing record keeping associated with those services and 20 minutes traveling back to the office or location or origin, the Provider must bill all of this time together as 1.8 hours.

d. Handling a crisis over the telephone.

e. Face-to-face contact at any location where the recipient is experiencing a crisis or receiving services to respond to a crisis.

f. Meetings in which the youth is present and the youth’s crisis intervention and crisis plan needs are being discussed (i.e., Plan of Care Meetings, Child & Family Team Meetings).

g. Multiple staff crisis intervention and staff time - Wisconsin Medicaid covers more than one staff person providing crisis intervention services to one recipient simultaneously if multiple staff are needed to ensure the recipient’s or the Provider’s safety (i.e., the recipient is threatening to hurt others). Providers must clearly document the number of staff involved when billing for more than one staff person and the rationale for the need for more than one staff person.


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/Safety Plan or safety domain within the Plan of Care.

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

Example: If a Provider spends 30 minutes traveling to the location of the recipient, provides 15 minutes of supervision intervention services, and 15 minutes completing record keeping associated with those services, the Provider must bill all of this time together as 1.0 hours.

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 Provider was not able to make telephone contact with the youth.

e. Meetings in which the youth is present and the youth’s supervision/safety plan needs are being discussed (i.e., Plan of Care 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 client was not available when the Provider arrived at the place of contact). In the event of a “No Show” situation, the Provider is still expected to document this in the text of their progress note, indicate “No Show” as the progress note Service Type, “No Show” as the contact location and enter the total travel time (if applicable) and documentation time/hrs. under the “Non-Medicaid Billable” area.

b. **Secure Detention or Jail** – When a youth may be seen while in Secure Detention or Jail, the Provider 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.

4. Non-Covered and Non-Permissible Services (Crisis and/or Supervision).
   a. Crisis Worker time spent in programmatic or clinical supervision or trainings at the Crisis Agency or Wraparound Milwaukee.
   b. Room and Board.
   c. Overnights – Crisis Stabilization/Supervision Providers 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 Care Coordinator.
   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 Plan of Care under the Safety Domain or within the context of the Reactive Crisis Plan.

   Example: An example of the use of a social/recreational type of activity being used to intervene in or stabilize a crisis situation would be if a youth is in a stressful situation where he/she is escalating to the point that he/she may resort to physical aggression to deal with the issue. The Crisis Stabilization/Supervision Provider is called to intervene. The provider may remove the youth from the situation and take him/her downtown or to the neighborhood park to play some basketball, as this could be an effective, preventative crisis strategy identified in the Plan of Care.

   f. Volunteer services not meeting the qualifications in HFS 34.21(3), Wis. Admin. Code.
   g. Taking a youth to the Crisis Worker’s home or the homes of relatives or significant others.
   h. Crisis is a youth-focused one-to-one interaction. Crisis Workers cannot engage in interactions with friends, relatives or others during the time they are with a youth.
   i. A Crisis Worker cannot take a youth to his/her place of employment.
   j. A Crisis Worker cannot take a youth to the worker’s or youth’s church/place of worship.
   k. A Crisis Worker may not involve youth in their personal activities, whether paid or voluntary (i.e., performing chores for Crisis Worker, running personal errands), while with the youth.

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

O. Providing Crisis Stabilization/Supervision while a Youth is in Residential Care.
   If a youth is in a Residential Care Center (RCC), there must be documentation (either in the time-applicable Plan of Care or a time-applicable Care Coordinator Progress Note) that addresses the need or justification for the continued support of a Crisis Stabilization/Supervision Provider.

   Crisis Stabilization/Supervision Providers can be used in the following situations while the youth is physically in the Residential Care Center:
   1. Any interactions related to the development of the Crisis Plan.
   2. Any interactions/services to assist the youth with transitioning to a lesser restrictive level of care.

   It is permissible to use a Crisis Stabilization/Supervision Provider during times that the youth may be on pass from the RCC, as long as the time spent is not one of "Respite" type care. If "Respite" is needed while the youth is on pass, then a Respite Provider should be sought.
P. Documentation

Documentation must be completed in Synthesis - Wraparound Milwaukee’s secure internet-based IT system.

Depending on the service that was authorized, documentation must either reflect that the recipient is in need of supervision OR is in a crisis or in a situation that may develop into a crisis if support is not provided, and that the Provider can expect to reduce the need for institutional care (inpatient or residential) or improve the recipient’s level of functioning. In accordance with HFS 34.23(8), documentation must include the following:

1. If the contact with the youth and/or caregivers was a face to face, phone, or written contact.
2. The time, place and nature of the contact and the person initiating the contact.
3. The staff person or persons involved and any non-staff persons present or involved.
4. The assessment of the youth’s need for supervision OR emergency mental health services and the response plan developed based on the assessment.
5. The supervision OR emergency mental health services provided to the youth and the outcomes achieved.
6. 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/Care Coordinator).
7. Follow-up and linkage of services provided on behalf of the youth.
8. Amendments to the Plan of Care/Crisis Safety/Supervision Plan in light of the results of the response to the request for services as approved by the Child & Family Team.
9. 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.

Coverage Documentation – When an unauthorized Provider provides periodic coverage for the identified/authorized Provider (i.e., during holidays, late evening hours, etc.), the covering Provider must document as identified above in # 1-9. For these periodic episodes of coverage the time can be billed under the identified/authorized Providers name.

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 Provider should be formally authorized/entered onto the youth’s Service Authorization Request (SAR). The Provider and/or Provider Agency will be responsible for informing the Child & Family Team of their extended absence and who the identified coverage person will be. The Care Coordinator is then responsible for entering the information in on the SAR.

Q. Service Verification Logs

The use of a monthly Service Verification Log is mandatory. The agency may use their own Log as long as it contains, at minimum, the elements noted below:

- Agency name.
- Client name (name of enrollee).
- Month/Year of service.
- Date of Contact.
- Service Recipient Name.
- Name of Service Provider.
- Length of Session (i.e., face-to-face – 4:00p.m.- 6:00p.m.).
- Travel Time.
- Location seen.
- Client/Guardian Signature and date of signing.
- If someone other than client signs, what is the relationship of that signer to the client?
- Column in which a “No Show” can be identified.

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 POC/Child & Family Team/other 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.

Monthly logs are to be completed in full. Logs cannot be pre-signed nor should the crisis worker be asking 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 terms for termination from any/all County provider Networks and may prohibit future contractual agreements with the County.

For “No Show” situations, all information on that line should be entered including marking the column identifying the entry as being a “No Show”. Travel time should be recorded for the “No Show”, but no verification signature is required.

Service Logs time/date on the Service Verification Logs should 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., variances in the same person’s signature, appearance that all signatures may have been gotten at one time, etc.).

R. Completing and Filing Notes.
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 Provider must document this contact immediately.

As the Provider Notes are in the electronic medical record, printing and filing notes in the agency client file is OPTIONAL (See Attachment 6 for guidance for on-line documentation procedures/requirements.)

An 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.

S. Mandatory Reporting of Abuse.
All Crisis Stabilization/Supervision Providers are mandated by law (Wisconsin Statute 48.981 (2)) to immediately report to the Care Coordinator and/or the Police, Child Protective Services and or State Bureau of Child Welfare Services any suspected, reported or observed neglect or any physical, sexual and/or emotional abusive situation. The family should be made aware from day one that this is expected and required of the Crisis Stabilization/Supervision Provider. The telephone number of Child Protective Services is 220-SAFE (7233).

T. Liability Issues.
Milwaukee County will NOT be liable in the circumstances where a youth/family may steal from a Provider and/or cause damage to the Crisis Stabilization/Supervision Workers person or property.

U. Termination.
Crisis Stabilization/Supervision Workers terminated for JUST CAUSE from one Agency in the Wraparound Provider Network 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.

Reviewed & Approved by: ____________
Bruce Kamradt, Director

Bruce Kamradt, Director
ATTACHMENT 2
Crisis Stabilization Guidelines
Documentation of Factors That Support Continued Crisis Stabilization

Wisconsin Medicaid requires that providers document, at least weekly, the factors that support a consumer continuing to receive crisis stabilization services.

Factors that support continued crisis stabilization include all of the following:
• Continued risk of self-harm.
• Continued risk of harm to others.
• Impaired functioning due to symptoms of a mood and/or thought disorder.
• Recent failure of less restrictive options (independent living, community support program, group living).
• Lack of available/effective supports (including family) to maintain functioning and safety (e.g., “If supports are withdrawn, the person would be at high risk for relapse, which would lead to a more restrictive placement”).
• Need for intensive monitoring of symptoms and/or response to recent medication change.
• Recent history of the above that supports the belief that if supports are withdrawn, the risk for a more restrictive setting would be imminent.

The provider’s documentation should support the above. If the consumer does not meet one of the above, then interventions should be coded as “nonbillable,” since there may be an alternative to crisis stabilization. The treatment team should be notified as well.
ATTACHMENT 3

Mental Health and Substance Abuse Services
Documentation Requirements

Providers are responsible for meeting Medicaid's medical and financial documentation requirements. Refer to HFS 106.02(9)(a), Wis. Admin. Code, for preparation and maintenance documentation requirements and HFS 106.02(9)(c), Wis. Admin. Code, for financial record documentation requirements.

The following are Wisconsin Medicaid's medical record documentation requirements (HFS 106.02(9)(b), Wis. Admin. Code) as they apply to all mental health and substance abuse services. In each element, the applicable administrative code language is in parentheses. The provider is required to include the following written documentation in the recipient's medical record, as applicable:

1. Date, department or office of the provider (as applicable), and provider name and profession.
2. Presenting Problem (chief medical complaint or purpose of the service or services).
3. Assessments (clinical findings, studies ordered, or diagnosis or medical impression).
   a. Intake note signed by the therapist (clinical findings).
   b. Information about past treatment, such as where it occurred, for how long, and by whom (clinical findings).
   c. Mental status exam, including mood and affect, thought processes — principally orientation X3, dangerousness to others and self, and behavioral and motor observations. Other information that may be essential depending on presenting symptoms includes thought processes other than orientation X3, attitude, judgment, memory, speech, thought content, perception, intellectual functioning, and general appearance (clinical findings and/or diagnosis or medical impression).
   d. Biopsychosocial history, which may include, depending on the situation, educational or vocational history, developmental history, medical history, significant past events, religious history, substance abuse history, past mental health treatment, criminal and legal history, significant past relationships and prominent influences, behavioral history, financial history, and overall life adjustment (clinical findings).
   e. Psychological, neuropsychological, functional, cognitive, behavioral, and/or developmental testing as indicated (studies ordered).
   f. Current status, including mental status, current living arrangements and social relationships, support system, current activities of daily living, current and recent substance abuse usage, current personal strengths, current vocational and educational status, and current religious attendance (clinical findings).
4. Treatment plans, including treatment goals, which are expressed in behavioral terms that provide measurable indices of performance, planned intervention, mechanics of intervention (frequency, duration, responsible party [ics]) (disposition, recommendations, and instructions given to the recipient, including any prescriptions and plans of care or treatment provided).
5. Progress notes (therapies or other treatments administered) must provide data relative to accomplishment of the treatment goals in measurable terms. Progress notes also must document significant events that are related to the person's treatment plan and assessments and that contribute to an overall understanding of the person's ongoing level and quality of functioning.
WRAPAROUND MILWAUKEE
GUIDELINES FOR CRISIS STABILIZATION
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
- Signature of 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
- List of the names of the youth discussed at the meeting
- Brief statement as to the content of the supervision.

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.

March, 2010
Prepared by: C. Morano, Ph.D.
WRAPAROUND MILWAUKEE
Crisis Stabilization Policy
Attachment 4A

PROVIDER REFERRAL FORM

Reminder: Providers please assure that the initial visit is done with the Care Coordinator.

Referral Completion Date ____________________________

Referred by:

Name of Care Coordinator ____________________________ Name of Care Coordination Agency ____________________________

Phone ( ) Pager ( ) Cell Phone ( )

Name of Provider/Agency being referred to:

Address ____________________________________________

City ____________________________ State ____________ Zip ____________

Name of Provider Contact Person ____________________________ Phone ( )

1. Service being requested:

Service Code ____________________________

Frequency / Days & Times being requested:

2. Service being requested:

Service Code ____________________________

Frequency / Days & Times being requested:

3. Service being requested:

Service Code ____________________________

Frequency / Days & Times being requested:

4. Service being requested:

Service Code ____________________________

Frequency / Days & Times being requested:

Name of Client being Referred: ____________________________ Phone ( )

Address ____________________________________________

City ____________________________ State ____________ Zip ____________

Name of associated WM Enrollee (if different than client being referred)

Relationship of Referred Client to WM Enrollee (if not the same - i.e., mother, sibling, etc.)

Client Lives With: ____________________________ Relationship: ____________________________

Ethnicity: ☐ African American ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Asian ☐ Other ____________________________

Gender: ☐ Male ☐ Female ☐ DOB: ____________________________ SSN: ____________________________

Special Accommodation Needs, if any (i.e., physical and sensory disabilities, medical needs, limitations, etc):

__________________________________________________________________________________________

__________________________________________________________________________________________

FAMILY/SCHOOL INFORMATION

Mother/Legal Guardian ____________________________ Home Phone ( )

Address ____________________________________________

City ____________________________ State ____________ Zip ____________

Work Phone ( )

Page 1 of 2
Father/Legal Guardian ____________________________ Home Phone (____)
Address ____________________________ Work Phone (____)
City ____________________________ State __________ Zip ____________________________
Other Emergency Contact ____________________________ Home Phone (____)
Address ____________________________ Work Phone (____)
City ____________________________ State __________ Zip ____________________________
Relationship to Client ____________________________

Siblings/Children: (Not required for transportation services if only transporting identified client.)

1. ________________ ____________________________ DOB ____________________________
2. ________________ ____________________________ DOB ____________________________
3. ________________ ____________________________ DOB ____________________________
4. ________________ ____________________________ DOB ____________________________

School ____________________________
Grade ________________ Special Education: □ Yes □ No
□ Not Attending □ Not Enrolled □ N/A

GENERAL INFORMATION

Diagnosis: (Required only if referring to medical or mental health providers.)

Currently on Medication? □ Yes □ No If yes, what type? ____________________________

Strengths/Interests: (Not required for transportation referrals.) ____________________________

Needs/Reason for Referral: (Not required for transportation referrals.) ____________________________

Safety Concerns:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

(For Provider Agency Use Only)

Date Referral was Received ________________

Page 2 of 2
SYNTHESIS
ON-LINE
FORM

Referral Date: 7/1/06
Referred by: Aggie Hailey, Wraparound Milwaukee

Wraparound Milwaukee Enrollee Name: Sample Client
DOB: 1/1/91
Gender: Male

Current Placement:
Date   Type
12/1/04 RCC
2/1/05 Home

Contact Information
Youth  Sample Client  1234 Any Street
       Milwaukee, WI 53201

Mother  Mary Client  5858 S. 5th St.
        Milwaukee, WI 55555
Father  Unknown
       No address listed

Sibling/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 (Primary Attention Deficit Dist, 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
Drug       Used For    Dosage/Frequency   Prescribed By   Phone
Ritalin    hyperactivity 5mg - 2X daily  Dr. Smith  555-9989
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:
Home Clinic
355 S. 5th St.
Milwaukee, WI 55555
Strengths/Interests
Youth's strengths/interests are ...

Reason for Referral
Reason for referral is ...

Service(s) Being Requested
S160, In-Home Therapy, 2X a week - Mon, Wed or Thurs preferred

Special Accommodation Needs, if any
Special accommodation needs are ....
TRANSPORATION CONSENT FORM

YOUTH/CLIENT NAME: ________________________________ (Print) DOB: ________________________________

(Provider's Name) ____________________________________________________________

OF (Name of Provider Agency) _____________________________________________________

HAS PERMISSION TO PICK UP AND TRANSPORT (Name of Youth/Client) ________________________________

FROM ________________________________ THROUGH THE TERMINATION OF SERVICES FROM THIS AGENCY.

(Effective Date)

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:

________________________________________________________________________

________________________________________________________________________

Signature of Legal Guardian __________________________ Relationship to Youth __________________________ Date: __________________________

Signature of Youth (should 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.
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

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, 9600 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:

![Provider Notes](image)

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".

3
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.

<table>
<thead>
<tr>
<th>Select a SAR Line</th>
<th>Select</th>
<th>Select Without SAR</th>
<th>Cancel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select Service Month</td>
<td>Service Recipient</td>
<td>Physician</td>
<td>Provider</td>
</tr>
<tr>
<td>December 2009 Annie Anderson</td>
<td>Peter Pan</td>
<td>Better</td>
<td>Conc</td>
</tr>
<tr>
<td>November 2009 Annie Anderson</td>
<td>MANUELA EVANS</td>
<td>Better</td>
<td>Conc</td>
</tr>
</tbody>
</table>
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.

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 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."

Print Provider Notes

Starting Date: 

Ending Date: 

☐ Print All Provider 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.

Add Del
Sign Link Link Note Information

Billing
Status

6/1/2010 - Jane Doe (Draft): I picked up Helga from her home today and we went to ...

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

Simple click the icon to send the document to your printer.

O:\cato\wrapecain\Synthesis\CrisisProviderEntryInstructions