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Owner: Pamela Erdman:
 12008005-Placement
 Resources Manager
Policy Area: Wraparound (REACH,
 O'YEAH)-Care Cord.

References:

#28: Plan of Care (POC)

I. POLICY

It is the policy of Wraparound Milwaukee that a Plan of Care (POC) be completed for every youth and family enrolled in Wraparound Milwaukee. The POC identifies the strengths and needs of the youth and family and is the guide for the course of care and services being provided by the Child & Family Team through Wraparound Milwaukee.

- A. The initial POC meeting must be held within 30 days after enrollment.
- B. Subsequent POC's, including the Crisis Plan, must be completed at a minimum of every 90 days.
- C. If a permanent transfer to a different Care Coordinator (CC) with a different Care Coordination Agency occurs, the POC must be held within 14 days of the transfer.
- D. **MINIMUM STANDARD:** The youth, legal guardian, Care Coordinator and at least one formal or informal team member must be present in order for a POC to be facilitated. (Attending CC Supervisors or Leads are not considered team members.)
- E. If the youth and/or legal guardian do not attend, the Team must reschedule the POC meeting. In very rare circumstances, when a youth or legal guardian may not be in attendance, all efforts must be documented within the Progress Notes to locate that individual, review the POC with that individual, and obtain individual's signature.
- F. For those team members that are unable to attend, the CC will receive an update from the team member prior to the meeting to focus on the strategies, intervention outcomes, proposed plans and any other relevant information. For those team members that did not show-up as scheduled, the CC needs to have a discussion with those team members about the meeting, review that team member's specific strategies, discuss intervention outcomes and proposed plans and any other relevant information. The CC must inform the team member of the date, time (and location if known) of the next POC meeting. All new information that was shared by the team members must be discussed and agreed upon by the youth and guardian prior to the POC document being submitted for approval. These conversations must be documented in the CC's Progress Notes. **NOTE:** For any formal team members that are not able to attend the meeting, no strategy may be included without this discussion occurring.
- G. POC meetings must be held face-to-face. Youth or guardian participation through video conferencing or teleconferencing is only permissible as a last resort and after all efforts have been exhausted to ensure the youth and legal guardian are present. POC's cannot be conducted by the Care Coordinator solely from a remote location via phone or video conferencing.

- H. All team members must be given, at minimum, a 2-week notice of all scheduled POC meetings. The notification to team members of each POC meeting must be documented in the Progress Notes.
- I. The POC document must be entered and approved in Synthesis and distributed to the family and team members within two (2) weeks of the Plan of Care meeting.
 - 1. If the team member has the ability to access the POC through Synthesis, they should be guided to do so upon final approval of the POC.
 - 2. The Full POC must be shared with the family; the Team Plan is to be shared with other team members per the family's directive.

Note: Failure to comply with these time frames may result in penalties for the Care Coordination Agency.

II. PROCEDURE

Please refer to the **PLAN OF CARE INSTRUCTION GUIDE** (see Attachment #1).

Please refer to the **Writer's Guide for Developing an Individualized Crisis Safety Plan (Frequently Used Forms)**.

- A. Confirm youth and family's address(es) and phone numbers are accurate.
- B. Review Team List (under Demographic Tab in Synthesis) – ensure all current team members are listed and coded appropriately. Remove individuals who are no longer a part of the team.
- C. Insert/Review “Strengths Discovery” – confirm that all strengths are functional (Definition: Strengths that outline how characteristics, attributes, or interests are helpful and can be used in action.) All team members must have a corresponding identified strength. Youth and family members' strengths are numerous/pervasive. At least one Community Resource (CR) must be identified within the strengths list. Community Resource is community service or program that is sustainable and will be available to the youth and family both during and after enrollment.
- D. Insert/Review Crisis Plan – All sections must be complete.
 - 1. “How do we define a crisis?": The crisis definitions and plan must be reflective of all relevant/identified safety/crisis needs. The identified crisis definitions are tied to the reason for referral/enrollment, legal history or behavioral/physical health needs that result in a challenging/unsafe behavioral response. If the youth's behaviors are identified as being "high-risk" (per policy), the safety related behavior must be addressed.
 - 2. Check all Strengths that are relevant to and used in the Crisis Plan.
 - 3. “Are there special risks we should be aware of?": List additional triggers and/or concerns related to the identified crises. Must include critical medical information.
 - 4. “What family and community supports can we contact?": List names, role on team, and contact information for individuals utilized within the Crisis Plan. They must be listed in the order they should be contacted (least to most restrictive).
 - 5. “What places in the community might help?": List the names, address, and phone numbers for specifically identified places of support that are relevant to the enrollee and their family. These must be used in the Crisis Plan.
 - 6. "What helps the caregiver during a crisis?": What specific actions help the caregiver during the identified crisis situations. Parents/guardians and placement providers must be included. At least two

techniques must be listed for each caregiver.

7. "What specific steps should we use to prevent a crisis from occurring?": Clearly identify steps listed from informal/least restrictive to formal/most restrictive to support the Child and Family Team in preventing each identified crisis. Specific steps must be listed for community, home, school, and placement (if relevant) settings.
8. "What specific steps should we use if a crisis occurs?": Clearly identify steps listed in order of use (informal/least restrictive to formal/most restrictive) to support the Child and Family Team in resolving each crisis in each individual setting. Specific steps must be listed for home, school, community, and placement (if relevant). Both the preventative and reactive sections must identify a "comprehensive" approach, which is safety oriented and takes into account the youth's developmental age, the dynamics/structure of every setting, as well as who will do what, where, when and how.
9. Crisis Plans can be updated at any time without holding a full Plan of Care Meeting. Crisis Plan must be written, reviewed or revised:
 - a. Within the first week of meeting a family; sooner if needed.
 - b. Within 48 hours of a major crisis.
 - c. Whenever a youth or family moves to a new residence, placement or school.
 - d. When a new team member joins the team and will be part of the crisis intervention plan.
 - e. When the youth or family experience a major life event; such as the death of a loved one, divorce, witnesses or is part of a violent act, pregnancy, birth, etc.
 - f. When a youth has run away.
 - g. When youth has had new charges filed against him/her.
 - h. When new safety concerns arise (even if a crisis hasn't occurred).d when the following occurs:
- E. Psych Assmt (Assessment) – Review diagnostic information. Diagnostic information must be within the past 365 days. Upload the most recent information, if available.
- F. Insert/Update Family Narrative: Narrative is comprehensive, describes the family's evolution, and is written in the family's language. Initial Family Narrative must include the following about the family background:
 1. Family Identity: immediate family members, names, ages, extended family members and role within the family
 2. Includes important relationships: Current and former, friendships, and the context of connection and/or loss
 3. Reflects family's values, culture, beliefs, faith, traditions, routine, strengths
 4. Includes circumstances around enrollment: reason and what lead to the referral
 5. Describes the context of behavior as adaptive and evolving over time. Describes how and when the behavior began and how it has changed over time.
 6. Developmental History: physical, relational, emotional, disruptions, milestones
 7. Trauma/Adversity exposure and impact for the youth and family, ACES (Adverse Childhood Experiences)
 8. If substance use is present, include age of first use, current and past substance used, who they use with, and in what circumstances. Include family history of substance use.

9. Educational History: Birth-3, schools attended and grades, IEP, attendance, successes and struggles
 10. Mental Health History for youth and family: current interventions/treatment services, what has been tried, levels of success, diagnostic history for youth and family
 11. Current and past medication, if applicable: name, side effects, consistency
 12. Medical history for youth and family: illness, hospitalization, allergies, etc.
 13. Legal history for youth and family: current/past court orders and conditions, out of home placement history, runaway history, gang affiliation, custody, visitation, guardianship, etc.
 14. Permanency plan and progress/barriers to permanency (if applicable)
 15. Basic Needs: income, housing, food, employment, etc.
- G. Following the initial Plan of Care, Family Narrative updates are to be completed every time a subsequent Plan of Care is updated. Update must include any relevant changes that have occurred with respect to the mandated areas.
- H. Faith Contact and Affiliation information must be completed in full.
- I. Insert/Review Family Vision - The Family Vision is fully inclusive of all family members, expresses hope/purpose for the future, is clear and concise, and is in the family's language. If the youth is age 17 or older and the Plan of Care is focused on independence, the Family Vision may primarily reflect the youth.
- J. Medical Providers – All of the enrollee's most recent medical providers are listed with name of provider, office, phone number, the date of the last appointment, and the date of the next scheduled appointment. For medical appointments, date should be reflective of the last physical. It is expected that Care Coordinators ensure enrollees receive an annual medical and dental checkup.
- K. Medical Info – Insert/Review for accuracy. All sections must be complete.
1. "Relevant Medical Information: Enrollee": Sexually Active, Parenting, and Pregnant– Answer Yes/No/Unknown –. If any questions are answered "Yes" or "Unknown", further explanation must be provided in the corresponding section.
 2. "Other Medical Information": Provide details related to any other medical concerns. If none are indicated, enter "None known". Medical concerns may include, but not limited to asthma, obesity, seizure activity, diabetes.
 3. "Relevant Medical Information – Family": List any medical information for other members of the immediate and extended family. If nothing indicated, enter "None known".
 4. "Known Allergies?": List any allergies for the youth. If nothing indicated, enter "None known".
 5. "Developmental History": Answer Yes/No/Unknown for "History normal?". If any questions are answered "No" or "Unknown", further explanation must be provided in the corresponding section. Developmental History is reflective of early childhood developmental milestones like talking, walking, toileting, and basic hygiene.
 6. "Substance Use History": Answer Yes/No/Unknown/Prior History for cigarettes, drugs, and alcohol. If any questions are answered "Yes", "Unknown" or "Prior History", further explanation must be provided in the corresponding section.
 7. "Psychiatric Hospitalization History": Answer Yes/No/Unknown. If any questions are answered "Yes" or "Unknown", further explanation must be provided in the corresponding section. If "Yes" where hospitalization occurred, when, and the reason that it was needed.

- L. Medication List – Any medications the youth is taking. This should include all prescribed medications and any over-the-counter medications. Each medication is entered separately and must include the following information: type, used for, start date, dosage, frequency, prescribed by, and the prescriber’s phone number. If a medication is discontinued, this should also be updated with an end date, and an explanation for why must be provided. If there are side effects experienced by the youth, list these concerns in the comment section.
- M. Educational Information (Edu Info) – Enrollee’s current school placement, grade level, IEP (include Special Education qualifier (i.e. OHI, LD, etc), and the date of the last update), and school contact’s name and phone number.
- N. Statistics – School statistics must be entered for the entirety of the enrollee’s enrollment period. Most up-to-date statistics must be entered at each Plan of Care update.
- O. Domain Review – Each domain is ranked per the Child and Family Team, and a short explanation must be provided for all domains ranked medium or high. Included domains are: Safety, Family, Mental Health, Health & Well-Being, Legal/Restoration, Educational/Vocational, Cultural/Spiritual, Living Situation, Social/Recreational, and Transition to Adulthood. Explanations and rankings are updated at each POC Meeting. Irrelevant must be removed.
- P. Needs List – Each enrollee must have at least one active Need. A Need statement is a concise statement of the Need identified by the Team reflective of barriers to the Family Vision and/or underlying cause of the behavior. A Need is NOT a goal or service. In general, a POC should have no more than three (3) active Needs at any given time. Needs can be placed on the “Pending Needs” list as recommended by the Child and Family Team.
1. Under each active Need, the associated domains must be checked. Required domains and those ranked high or medium must be addressed.
 - a. The initial POC must have Needs related to the following Domains: Family, Mental Health, Educational/Vocational and Safety Domains.
 - b. 2nd+ POC’s, at a minimum, must include Needs related to the Mental Health and Safety Domains.
 - c. Health and Well-Being Domain need must be addressed if psychotropic medication is prescribed.
 - d. The Transition to Adulthood Domain need must be addressed if the youth is age 16 or older.
 2. Any individual utilized in a strategy under that Need must have at least one relevant strength checked.
 3. Each Need must have identified benchmarks. All of the benchmarks are measurable, observable and attainable. Benchmarks must be written from a positive frame of reference. Benchmarks can be in reference to any team member.
 - a. To be “Measurable” speaks to being able to numerically quantify an outcome.
 - b. To be “Observable” means to be visible, evident, or noticeable.
 - c. To be “Attainable” means to be realistic, developmentally appropriate, and achievable.
 4. Each Need must have identified strategies to meet the Benchmarks, moving towards meeting the Need.
 - a. All of the strategies reflect who will do what, where, when, how and why, and reflect progression

towards the benchmarks.

- b. All of the strategies reflect task shifting and movement towards sustainability. For all strategies that involve a paid provider who will not continue, a plan is clearly outlined to replace the paid provider with a natural/informal support, Community Resource (CR), or other team member. The plan includes identifying, supporting, and coaching that person(s) by the provider sharing knowledge, skills, and collaborating with the person who will replace them in addition to the other team members.
 - 5. The Need Note is an outcome status update of strategies and benchmarks pertaining to the specific need, including progress and barriers towards meeting the Need.
 - 6. Rankings (1-5) must be entered for each active Need based on the Team's determination of progress. Benchmarks must be considered within the ranking. Ranking Scale: "1" means this need is not met and "5" means this need is met to our satisfaction.
 - 7. At subsequent Plan of Care meetings, all current and Pending Needs must be reviewed. A Need can be "ended" because the Need has been met, the Need is no longer relevant, or is not a current priority per the Child and Family Team. A Need may be taken off the "Pending Needs" list and added as an Active Need when pertinent to making progress towards the Family Vision.
- Q. Transition Summary – The Transition Summary must be completed if the youth is 16 years or older. Within the Transition Summary and Plan of Care strategies there must be a plan to address who will help the enrollee with task completion.
- R. All sections of the POC must be verified prior to approval.
- S. Team Attendance Sheet (also known as the POC Signature Sheet) must be obtained at every POC meeting.
- 1. Signature Sheet must include the signature of the youth, guardian, Care Coordinator, and team members who were in attendance.
 - 2. Care Coordinator must never sign for anyone else.
 - 3. When the Department of Milwaukee Child Protective Services (DMCPS) is the legal guardian, indicate that they are the legal guardian on the "Parent/Legal Guardian" signature line. The DMCPS representative must then sign their name under the "Signatures of Additional Team Members" area.
- T. Disenrollment Plan of Care – A Disenrollment Plan of Care Meeting must be held the month prior to the planned disenrollment date to allow for effective transition planning. If disenrollment occurs unexpectedly, the POC Meeting must be held as soon as possible to ensure the youth and family have a understanding of continuing supports (Reference the GUIDE TO WRITING A DISENROLLMENT PLAN OF CARE in Frequently Used Forms for additional information).

Attachments:

[POC Instruction Guide - Attachment #1](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	9/22/2017
	MaryJo Meyers: 87778-Executive Director 1 - Deputy Program Admin	9/20/2017
	Heidi Ciske-Schmidt: 12008018-Manager- Quality Assurance	9/20/2017

Step Description	Approver	Date
	Pamela Erdman: 12008005-Placement Resources Manager	9/19/2017

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WRAPAROUND MILWAUKEE PLAN OF CARE INSTRUCTION GUIDE (Updated: September 2017)



The Plan of Care contains the following elements:

1. Strengths Discovery
2. Crisis/Prevention Plan
3. Psychological / Psychiatric Assessment
4. POC / Narrative
5. Family Vision
6. Medical Provider List
7. Medical Information
8. Medication List
9. Educational Information
10. School Attendance Statistics
11. Domain Review
12. Need Statements
13. [Transition Summary – Mandatory for youth age 16 and over.](#)

Each section exists independently. Other than the POC/Narrative, Domain Review and Needs tabs, you can update information on all tabs at any time. The Narrative, Domain Review and Needs are created/[revised/updated](#) when a new Plan of Care is done, and, along with information from all of the other tabs, combine to form the Plan of Care document.

A screenshot of the Wraparound Milwaukee software interface. The top left shows the time "19:54 Left". The top right shows the user name "Judy .Enrollee". Below the user name is a navigation bar with tabs: Summary (selected), Strengths, Crisis/Prev Plan, Psych Assmt, POC/Narrative, Vision, and Med'I Providers. Below this is another row of tabs: Medical Info, Req Med Info, Medication List, Clinic Docs, Educational, Statistics, and Domain Review. Below that is a row with tabs: Needs, Screening, and Transition Summ. The main content area is titled "Plan of Care Review Items" and has a sub-section "Supervisory Comments/Suggestions" which displays "No records found." On the left side, there is a sidebar with a tree icon and labels for "Demographics" and "Plan of Care".

SUMMARY TAB

All information on this tab is in view-only format. The following is displayed:

- 1) Comments written by Leads, Supervisors, [Wraparound Staff/Consultants/Coaches](#), relating to the Plan of Care document itself, and/or suggestions for future POCs.
- 2) Comments from any Prior Authorization Reviews done by Wraparound staff as it relates to POC content.
- 3) [A numerical count of formal/informal supports who attended the POC Meeting.](#)
- 4) [A count of Team Members that re used in the Need Strategies.](#)
- 5) A listing of CANS (Child and Adolescent Needs Assessment) elements that are rated 2 and 3.
- 6) A listing of CBCL (Child Behavior Checklist) and YSR (Youth Self Report) elements that are in the Borderline and Clinical range.

You should review information on the Summary page to be sure relevant areas are addressed in the Plan of Care.

STRENGTHS DISCOVERY

Strengths Discovery				
			Print Full List	Print Active List
Add Strength				
	Comm Res?	Strength	Inactive	Del
	<input type="checkbox"/>	Zoe is creative and loves to draw and write as a way to express herself and clear her head when she is overwhelmed or filled with big emotions she can't talk about.	<input type="checkbox"/>	
	<input type="checkbox"/>	Zoe finds strength in taking care of her brother; their relationship keeps her moving forward because she wants him to have a good life.	<input type="checkbox"/>	
	<input type="checkbox"/>	Benaiah responds well to Zoe, he trusts her and is calmed when she sings to him.	<input type="checkbox"/>	
	<input type="checkbox"/>	Mary has been attending her parenting classes and is committed to learning how to keep her children safe so they can be together again.	<input type="checkbox"/>	
	<input type="checkbox"/>	Dave wants to have his family back and recognizes that he needs to learn other ways to cope for that to happen, so he has been participating in treatment with the hope of staying sober.	<input type="checkbox"/>	
	<input type="checkbox"/>	Kyra is patient and compassionate, and uses these qualities to show Zoe that she is trustworthy and help Zoe to feel safe.	<input type="checkbox"/>	
	<input type="checkbox"/>	Leanne is an artist and has connections in the art community that can help Zoe to explore her talents.	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	The church supports families by offering fellowship and a food pantry, as well as individual support if members want to talk.	<input type="checkbox"/>	

The Strengths tab will show a complete list of all existing Strengths. You can update existing strengths to inactivate them, delete them or code them as community resources all from this page.

To create a Strength, click “Add Strength.” The following box will appear. Type each Strength individually in the text box, indicate if the Strength is a Community Resource or not, and then press **Save**. You will remain on the same screen and repeat the same process until all Strengths are entered. Press Cancel/Done when complete to return to the main Strengths page.

Add Strength

Strength description:

ABC

Community Resource: Yes No

To edit a Strength in the current POC you are working on, just click on the folder next to the Strength, and the box above will appear and allow you to update the Strength text.

NOTE: You are not able to edit a strength that you entered and utilized in a previous POC. You must delete the strength and enter a new one.

To print the Strengths Discovery, select one of the Print Report buttons at the top of the screen (to print a Full List of All Strengths or only to print only Active Strengths).

CRISIS/PREVENTION PLAN

Current Crisis/Prevention Plan							
O	C	Plan Date	Status	Date Created	By	Supv Approved	By
		7/11/2012	In Process	7/11/2012	GEORGE BENZ		

Previous Crisis/Prevention Plan									
O	C	Plan Date	Status	Date Created	By	Supv Approved	By	Prgm Approved	By
		5/1/2012	Completed	5/1/2012	MANUELA EVANS	5/17/2012	GEORGE BENZ		
		3/6/2006	Completed	3/6/2006	MANUELA EVANS				

The Crisis Plan tab will show a complete listing of all Crisis/Prevention Plans entered.

--The folder under "O" next to the Plan Date for Previous Crisis/Prevention Plans will Open up the Report for that date. You cannot make changes to a Plan that has been completed.

--The folder under "C" next to the Plan Date displays any Comments entered by the Supervisor/Lead when that Plan was approved.

--The folder next to the Plan Date for Current Crisis/Prevention Plan will allow you to edit an existing Crisis Plan and then follow the approval steps to sign off on the Plan.

To create a Crisis/Prevention Plan - To create the first Crisis/Prevention Plan, click on "New"

The screenshot shows a navigation menu with tabs: Summary, Strengths, Crisis/Prev Plan (selected), Psych Assmt, POC/Narrative, Vision, Med'l Providers, Medical Info, Req Med Info, Medication List, Clinic Docs, Educational, Statistics, Domain Review, Needs, MUTT, Screening, Transition Summ, O-YEAH Domain. Below the menu is a 'Plan' section with a 'New' button. Underneath, there are sections for 'Current Plan' (No current plans found) and 'Previous Plan' with a table header.

The Strength list appears, as do the seven sections that make up a Crisis/Prevention Plan. Check the boxes next to the Strengths that are relevant to the Crisis/Prevention Plan, and then answer each of the sections.

The screenshot shows the 'Plan' form with a 'Print' button and 'Approve', 'Send Back', and 'Update' buttons. Below is the 'Strengths Relevant To Plan' section with a 'Plan Date' of 3/18/2017. A table lists strengths with checkboxes and a 'Comm Res?' column.

Strength	Comm Res?
<input checked="" type="checkbox"/> Zoe is creative and loves to draw and write as a way to express herself and clear her head when she is overwhelmed or filled with big emotions she can't talk about.	No
<input checked="" type="checkbox"/> Zoe finds strength in taking care of her brother; their relationship keeps her moving forward because she wants him to have a good life.	No
<input checked="" type="checkbox"/> Benaiah responds well to Zoe, he trusts her and is calmed when she sings to him.	No
<input checked="" type="checkbox"/> Mary has been attending her parenting classes and is committed to learning how to keep her children safe so they can be together again.	No
<input type="checkbox"/> Dave wants to have his family back and recognizes that he needs to learn other ways to cope for that to happen, so he has been participating in treatment with the hope of staying sober.	No

Plan Elements

How do we define a crisis?

A crisis for Zoe is when she feels like no one is listening to her or she feels ignored. Zoe has responded by running away from the person, yelling in an effort to be acknowledged, and saying she will hurt herself so that she is assured someone will pay attention (this only happens at home).

A crisis for Kyra is if she does not know where Zoe is, when she feels disrespected by Zoe because of the yelling, or when she is afraid Zoe will hurt herself and she can't keep Zoe safe.

A crisis for Mary is if she is in a position to have to protect herself and can't keep her children safe.





Are there special risks we should be aware of?

For Zoe:
-When Zoe is talking to someone and she does not receive undivided

Supervisory Approval - After the Care Coordinator completes data entry for all of the above areas, the Crisis/Prevention Plan needs to be submitted to the Supervisor or Lead for final approval by clicking on the "Get Supervisor Approval" button. Supervisory staff can either approve or send back the Crisis Plan. If sent back, a login message is generated to the Care Coordinator/Transition Coordinator for corrections to be made. If approved, the Crisis Plan is marked as completed and is closed to editing.

Printing Crisis/Prevention Plans – Previous Crisis/Prevention Plans are printed from the main page by clicking on the folder next to the Plan Date. Crisis/Prevention Plans that are currently in process or awaiting Supervisory Approval are printed by opening up the Crisis/Prevention Plan and using the "Print Report" button. Crisis/Prevention Plans should be shared with **ALL** team members whenever updated. If the Team Member has access to the updated Crisis Plan through Synthesis then that Team member should be informed that the new Crisis Plan is ready for their viewing. The most recent Crisis Plan will also print as part of each Plan of Care.

PSYCHOLOGICAL/PSYCHIATRIC ASSESSMENT

Psych Assessments			
<input type="button" value="Add Diagnosis"/> <input type="button" value="Verify"/>			
Select	Assmt Date	Type of Report	Diagnosed By
	9/22/2011	MUTT Assmt	Mary Ellen O'Hanrahn
	5/15/2011	Psychological Assmt	Dr. Chris Morano
	11/1/2009	Discharge Summary	Dr. Phillip Bartelt
	9/8/2007	Psychiatric Report	Dr. Phillip Jones

All previous assessment data appears on the main tab page. At enrollment, Wraparound Milwaukee enters information from the existing psychological or psychiatric report. If a new assessment is done during enrollment, the worker will need to enter that assessment/data, i.e. – make sure the new diagnosis is identified in the POC and upload the new assessment (psychological, neuropsychological or psychiatric evaluation) into the clients file.

To add Assessment Information – Click Add Diagnosis. Indicate who made the diagnosis/who was the assessment completed by, the assessment date, choose what type of assessment/report it was and indicate (Yes/No) if it is a diagnosis specifically referenced in the DSM - V Manual.

To add a Diagnosis, click the “Add Diagnosis Code” button and a pop-up list of all available codes will appear.

If listed on the document, be sure to indicate if the diagnosis is a Primary one or is listed as “Rule Out.”

You can choose to sort the list by numeric code or by description (alphabetically) by clicking on the box. Check the codes to add, and then press Save.

Include any other relevant Assessment information in this area.

Current Grade:	<input type="text" value="8"/>
Grade Point Average:	<input type="text" value="2.3"/>
Reading Level:	<input type="text" value="5"/>
Math Level:	<input type="text" value="7"/>
Spelling Level:	<input type="text" value="4"/>
Full Scale IQ:	<input type="text" value="98"/> ---Select one---
Verbal IQ:	<input type="text"/> Below Average (80-89)
Non-Verbal IQ:	<input type="text"/> Below Average (80-89)

Not all Assessments will include this information. If it is included on the assessment, however, document the information here. **All entries must be numeric in this section.** For the IQ section – you only need to enter the IQ number or select the range from the drop-down boxes, not both

POC / NARRATIVE

Active Plan of Care			
Plan Date	Status	Date Created	Created By
7/1/2012	In Process	7/11/2012	GEORGE BENZ

Completed Plans of Care						
T	F	S	Plan Date	Create Date	Agy Appr Created By	Wrap Appr Date
			5/1/2012	5/17/2012	Phillip Smith	5/17/2012
					GEORGE BENZ	Aggie Hale

The screen above is where you begin to “build” your Plan of Care. Previous Plans can also be printed from this page – just click on the folder next to the Plan Date. “T” displays the “Team Plan,” “F” displays the Full Plan, and “S” displays the Signature Page. The Full Plan includes information from all of the Plan of Care tabs; The Team Plan includes only basic demographics, the Crisis Plan and Need statements.

To create a new Plan of Care –click “New POC” and the following screen will appear:

PLAN OF CARE INFORMATION	
Plan of Care Date	6/15/2012
Is this a Disenroll plan?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this a Futures plan?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Forward Plan for Prior Authorization Review?	<input type="radio"/> Yes <input checked="" type="radio"/> No

POC Date - Date that the POC Meeting occurred. This is NOT the date the POC was entered into Synthesis.

Is this a Disenroll Plan? Check this box if this is the youth’s Disenrollment Plan.

Is this a Futures Plan? You would only check “Yes” **if you are a Transition Coordinator working in O’YEAH.**

Forward Plan for Prior Authorization Review? Check this box if this POC needs to be reviewed for Prior Authorization. When you check this – it becomes part of the login message created for Wraparound staff.

Press “Insert” when done and the following screen appears:

PLAN OF CARE INFORMATION	
Plan of Care Date	2/1/2017
Is this a Disenroll plan?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this a Futures plan?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Forward Plan for Prior Authorization Review?	<input type="radio"/> Yes <input checked="" type="radio"/> No

VERIFICATIONS	
Vision Verified?	Not yet verified.
Providers Verified?	Not yet verified.
Psych Assmts Verified?	Not yet verified.
Medical Info Verified?	Not yet verified.
Medications Verified?	Not yet verified.
Education Verified?	Not yet verified.
Domain Review Verified?	Not yet verified.
Signature page?	A signature page was uploaded on 2/23/2017 by Aggie Hale.
Screening Verified?	Screening verification completed.

Print buttons: The Full Plan includes information from all of the Plan of Care tabs. The Team Plan includes only basic demographics, the Crisis Plan, and Need statements.

Get Supervisor Approval: When you are ready for your supervisor or lead to review the POC, press this button and a login message will be sent to them.

Browse... / Upload: These buttons are used to upload the signature sheet.

Verifications: Since you can enter information on all POC tabs at any time, you need to go to each tab, review and verify that the information is current prior to submitting the POC for review.

Narrative / Faith Affiliation: Enter these as per the POC Policy and Procedure.

Press Update to save your entries.

Autosaved Narrative for Judy .Enrollee at 3/1/2017 9:54:18 AM.

NARRATIVE

1/9/16 update note here.

12/1/16 UPDATE

Your initial Narrative should include:

FAITH AFFILIATION	
Affiliated?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Active?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Faith Affiliation:	Put in affiliation
Faith Contact:	Pastor Tom Douglas, 888-9002

Initial Family Narrative: This is the family's story, and should reflect what has lead up to the family seeking help. The following information must be included. If any areas are not relevant/applicable to this youth or family, this must be indicated thus acknowledging that the Care Coordinator inquired about the area.

Family Identity/Background – In the family voice:

- Who is the “family” - names, ages, extended family, role within the family?
- Include important relationships: current and former, friendships, and the context of connection and/or loss
- Reflect family's strengths, values, culture, beliefs, faith, traditions, routine,
- Include circumstances around enrollment: reason and what lead to referral
- Behaviors: Describe the context of behaviors as adaptive and evolving over time. How and when the behavior began and how it has changed over time.

Developmental History:

- Physical, relational, emotional, disruptions, milestones
- Trauma/Adversity? - exposure and impact for the youth and family, Adverse Childhood Experiences (ACES)
- If used/uses substances - include age, substance, who they use with, in what circumstances, and family history

Educational History:

- Birth to 3?, Individualized Education Plan (IEP)?, schools attended, current grade, attendance history, successes and struggles

Mental Health History of Youth and Family:

- Diagnostic history of youth and any family members
- Current interventions/treatment services, what has been tried, what worked, what didn't work and why,

Medication: Current and past name(s) of medications, what used for? side effects? takes consistently?

Medical History of Youth and Family:

- Illnesses? Hospitalizations? Allergies? etc.

Legal History of Youth and Family:

- Current/past court orders and conditions? out of home history? runaway history? gang affiliation? guardianship? custody? visitation? etc.

Permanency Plan and progress/barriers to permanency (if applicable)

Basic Needs:

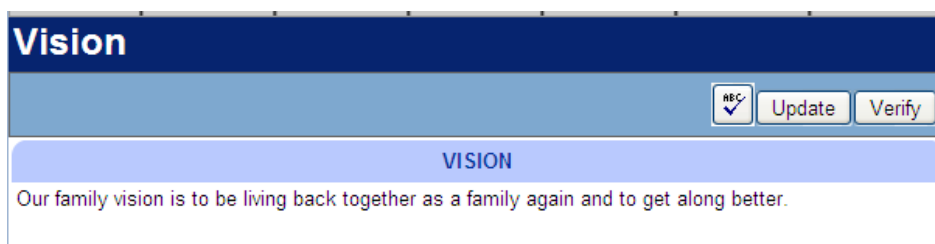
- Income, Housing, Food, Employment, etc.

Family Narrative Updates: Provide a brief update on the progress/concerns/changes in all of the Domain areas. In addition:

- Discuss any successes since the last Plan of Care.
- Discuss any placement changes.
- Discuss any major losses since the last Plan of Care.
- Discuss any major changes to Team composition and/or Service Providers.
- Provide an update on legal status (new charges, hearings held, etc.).
- Provide an update on educational goals/school placement.
- Discuss the Team's progress on working toward permanency for the youth.

Disenrollment Family Narrative: The final Family Narrative should include an update in all of the above areas. It should also address what natural, informal, community and paid Service Providers (and how they will be funded) will be in place to support the youth family after disenrollment. (See - **Guide to Writing a Disenrollment Plan of Care** on the Wraparound Milwaukee website under Care Coordinator Frequently Used Forms)

VISION



Enter the Family Vision in this area and press Update. The text is limited to 250 characters.

MEDICAL PROVIDERS



<u>Provider Type</u>	<u>Provider Name</u>	<u>Clinic Name</u>	<u>Last Seen</u>	<u>Status</u>
Medical/Primary Care	Lisa Sullivan	Capital Pediatric Care	2/1/2012-E	Active
Dental / Orthodontist	Bill O'Grady	Cudahy Dental	1/15/2012-A	Active

Use this section to enter information about health care providers. **It is required that you list the name, phone number, date last seen and next appointment date for the PRIMARY CARE PHYSICIAN and DENTIST.** You should also include information about other types of providers such as allergists, gynecologists, etc.

What if the enrollee doesn't have a Primary Care Physician and/or Dentist?

All of the enrollees we work with should have an identified physician and dentist. If they do not, this is one of the Needs the Team should be addressing. On this screen under the "Provider Name" area, you would click on "None at this Time" for either one or both and you would use the "Comments" section to describe the status of the referral to a physician and/or dental provider. **If the Provider or Clinic name does not appear in the Drop Down list, you should call the Wraparound Milwaukee Help Desk to get the name/clinic added.**

Provider Type:

Provider Name:

Clinic Name:

Phone Number:

When Last Seen:
 Estimated Actual

Follow-up Needed? Yes No

Next Appt Date:
 Estimated Actual

Status Active Inactive

Med'I Provider

Comments:

All date fields in the POC require an actual date entry. If the family is unable to provide the actual appointment date, they would estimate when it occurred and you would document that date and indicate it is an Estimated date.

MEDICAL INFORMATION

Relevant medical information about the youth and family as well as information about allergies, substance abuse, developmental history, and previous hospitalizations are all entered on this page. If medication, dosage and/or compliance with taking medications has changed since the last Plan of Care – that should be documented in the Relevant Medical Information section.

[Display the 1 files attached to this page](#)

Relevant Medical Information - Enrollee

Sexually Active? Yes No Unknown

Is the youth parenting? Yes No Unknown

Is the youth pregnant? Yes No Unknown

Parenting/Pregnancy Notes

Other Medical Information
 a

Medical Staff Review

Name of Staff Reviewing Document

Date of Review

Is Follow-up Needed from Agency? Yes No

If YES, Date Follow-up is Due

Follow-up Completed? Yes No

Date Follow-up Verified

Verified By

Medical Concerns
 Obesity Diabetes Asthma

Notes

Information will be present in the Medical Staff Review area if a staff from the Wraparound Milwaukee Wellness Clinic reviewed medical documents that were received from a medical provider. If any type of medical follow-up by the Care Coordinator is being requested/recommended by the Wellness Clinic staff, this will appear here.

Relevant Medical Information - Family
 Mother has a history of diabetes

Known Allergies?
 Peanuts, pet dander

Developmental History
 History Normal? Yes No Unknown
 Description of Developmental History

Substance Use History
 Uses Cigarettes? Yes No Unknown Prior History
 Uses Drugs? Yes No Unknown Prior History
 Uses Alcohol? Yes No Unknown Prior History
 If 'Yes' or prior history, describe:

Psychiatric Hospitalization History
 Is there a history? Yes No Unknown
 If 'Yes', describe:

NOTE: Within this section, there is an expectation that every area, i.e. - Yes, No, Unknown, Prior History, be marked accordingly. This is an assurance that the questions were asked by the Care Coordinator. If there is a prior history or the area is marked with a Yes, a comment should be included further detailing that response.

REQUEST FOR MEDICAL INFORMATION

This tab is to be used by Wraparound Administrative staff ONLY.

MEDICATION LIST

All medications the enrollee is on – including those for medical conditions – should be included on the medication list.

Medication List				
New Verify				
	Medication Name	Used For	Start Date	End Date
	Claritin	allergies	5/15/2011-E	
	Ritalin	restlessness	2/1/2011-E	

Start and End Dates: If specific dates are unknown, the enrollee / family would estimate these dates and you would indicate that the date is Estimated.

Medication

ABC New Update

Type: Modifier:

Used For:

Start Date: Estimated Actual

End Date: Estimated Actual

Dosage:

Frequency:

Prescribed By:

Phone Number:

Comments:

Comments: Include here any changes in the medication dosage, compliance with taking the medication, side effects, and, if ended, the reason for discontinuing the medication.

CLINIC DOCS

This tab is to be used by Wraparound Medical Staff ONLY.

EDUCATIONAL INFORMATION

Enter all available school data here. Over time, you will have a history of the enrollee's school attendance. Report cards, IEP's and educational information upon enrollment can be uploaded into the clients chart through the Educational Tab. This info. is then accessible from the POC Educational tab only.

Educational Info New

[There are no files currently attached to this page](#) ← Upload feature

Open	School Name	Grade Level	Contact Name	Most Recent?
	Carmelite	9th	Mike Chmielewski	Yes
	Right Step Inc	9th		No
	Bradley Tech	9th		No

Educational Information Insert Done

School Name:

Phone Number:

Most recent? Yes No

Contact Person:

Grade:

Academic Performance:

Attendance Frequency:

Special Education: ED LD CD N/A OHI

IEP Done? Yes No Unknown

IEP Date? Actual Estimated

Notes:

Upload feature

Select the name of the school the youth is attending. If the enrollee has graduated or is not attending school, there is an option for those in the School Name and Grade drop-down boxes. For those youth that may change schools during the year you can indicate what is the "most recent" school they are attended. If an enrollee does not have any special education needs, check N/A under "Special Education". Check if an IEP was done and indicate the date and if the date is actual of estimated.

STATISTICS

This is where school attendance is reported.

School Statistics Insert Update

Months	Days Possible	Days Attended/Excused	Days Suspended	Unexcused Absences	Days Expelled
Sep 2011	<input type="text" value="25"/>	<input type="text" value="25"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Aug 2011	<input type="text" value="15"/>	<input type="text" value="15"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Month <input type="text" value="v"/> Year <input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


DEFINITION OF SCHOOL STATISTIC ELEMENTS

- Days Possible:** This number of days that school was actually in session that month.
- Days Attended/Excused:** The number of days the youth attended or was excused that month.
- Days Suspended:** The number of days the youth was suspended that month.
- Unexcused Absences:** The number of days the youth had an unexcused absence that month.
- Days Expelled:** The number of days the youth was expelled that month.

DOMAIN REVIEWS

At each Plan of Care Meeting, the Team should complete a new Domain Review Checklist. The Domain Review allows the Team to see if new Needs have arisen and helps to prioritize those Needs. **Identify if the Level of Concern is High, Medium or Low.** The Transition to Adulthood need is **mandatory** if the enrollee is age **16** or older **but can be addressed at an earlier age if deemed necessary.**

Hard copy Domain Review Checklist Completed at POC Meeting:


 Wraparound Milwaukee / REACH/ Project O'YEAH
Domain Review Checklist

Enrollee Name: _____
 Plan of Care Date: _____

Domain	Level of Concern	Describe Concern
Safety	___ High ___ Medium ___ Low	_____
Family	___ High ___ Medium ___ Low ___ None	_____
Mental Health	___ High ___ Medium ___ Low	_____
Medical	___ High ___ Medium ___ Low ___ None	_____

In Synthesis, a Domain Review is automatically created when a new Plan of Care is created. You cannot enter a Domain Review outside of a Plan of Care, so there will never be a “New” button on this screen.

Domain Reviews List

Current Domain Review

Plan of Care Date: 3/12/2012

Past Domain Reviews

Plan of Care Date: 1/6/12

Plan of Care Date: 11/7/11

To enter the Domain Review for the current Plan of Care, click the folder next to the Plan of Care Date.

NOTE: When you open up the current Domain Review, you will see the notes from all past Domain Reviews under each Domain category. **You should DELETE all previous notes and only report on the current status update for that category.**

Domain Review

ABC Update

Safety

None Low Medium High

Mental Health

None Low Medium High

Billy has a number of unmet mental health needs, which the Team will be addressing by

If a Domain is ranked Medium or High – a description of the concerns in that Domain area must be written in the notes section associated with that Domain. All identified “High and Medium” Domains must be addressed within the active needs of the POC.

NEEDS TAB

Entering of a Needs Statement or Statements is generally a six-step process based on information generated from the POC meeting. The process includes:

1. Identifying the Life Domain(s) associated with the Need.
2. Establishing the Need Statement or text.
3. Setting Benchmarks for each Need (how will the Team know we are getting closer to meeting this need?)
4. Identifying Start and Anticipated Achievement dates, and an initial "Ranking" of the Need.
5. Associating Strengths from the Strengths Discovery with the Need Statement.
6. Entering a Strategy or Strategies associated with the Need Statement including the person(s) responsible for the Strategy.
7. Saving and finalizing the Need Statement.

****NOTE:** A "Pending Need" can be saved in Synthesis by entering only the Need Text and Life Domain(s) and checking the "Pending?" box. When the Team is ready to add that Need to the active Needs list, uncheck the "Pending?" box, press "Update" to 'unmark' the Need as Pending, and then add in the rest of the required elements.

Main Needs Screen

Needs List					
New					
Need	Domains	Need Start Date	Current Note Date	Need End Date	
Zoe deserves to know that the adults in her life will keep her and her brother safe.	Family, Safety, MentalHealth, LivingSituation	1/1/2017	3/14/2017	-None-	
Mary needs support to believe that she can take care of herself and her children.	Family, Safety, Legal/Restoration, MentalHealth, LivingSituation	1/1/2017	3/14/2017	-None-	

Needs Data Entry Screen

Plan of Care Needs

DOMAINS
Select the domains this need is addressing

Safety Family Mental Health Health and Well Being
 Legal / Restoration Educational / Vocational Cultural / Spiritual Living Situation
 Social / Recreational Transition to Adulthood Other

NEED TEXT
What are the barriers to achieving the vision? What are the underlying issues or root causes of the behavior?

Start Date Anticipated Achievement Date
 Initial Ranking Pending? Yes No

BENCHMARKS
Benchmarks must be observable, descriptive, and measurable.
We will know we are close to getting this need met if we see the following:

NOTES
Description of progress made to date in meeting this need.
A note DOES NOT need to be entered when the need is created.

You will include all identified Needs in your first Plan of Care. For Needs that you are not going to address immediately, you mark those as "Pending Needs" by indicating "Yes" here. For Pending Needs, enter only: Domains / Need Text / Pending

STRENGTHS
Select the functional strengths from the Strengths Discover that will assist the team in meeting THIS need.

Description	Comm Res?
<input type="checkbox"/> Zoe is creative and loves to draw and write as a way to express herself and clear her head when she is overwhelmed or filled with big emotions she can't talk about.	No
<input type="checkbox"/> Zoe finds strength in taking care of her brother; their relationship keeps her moving forward because she wants him to have a good life.	No

STRATEGIES
Strategies represent what will be done to assist the team in getting closer to the benchmarks. Use your mouse to point at the hand icon, then click & drag each row to change the order of the strategies.

- Kyra will work with Zoe to get a back pack she can take with her wherever she goes. The backpack will contain coloring sheets, markers, a drawing pad, a notebook, pencils, a pencil sharpener, and a picture of Zoe and Benaiah together. Kyra will get this by the next team meeting on 4-12-17. At the next team meeting, each provider will write words of encouragement in the notebook so that Zoe has something she can look at to let her know people care about her.
Person(s) Responsible: Kyra Smith (Foster Parent)
- Aunt Sally will coordinate with Kyra to invite Zoe and Benaiah for a sleep over at least once a month. This will help Zoe to be comfortable at Sally's house and allow Zoe to show Sally Benaiah's bedtime, bath, and other routines so that if needed, Zoe can feel more comfortable with Sally taking care of Benaiah without her there. This will also offer Kyra time to take care of herself so she has more capacity to focus on Zoe and Benaiah when they get home.
Person(s) Responsible: Sally Jones (Relative outside the home)
- Jean will take Zoe and Benaiah to church every Sunday with her family so that Zoe is able to interact with kids her age in the youth groups and start to develop relationships with other adults by seeing how they engage as a family.
Person(s) Responsible: Jean Maller (Friend)

Add a new strategy

Order: Describe what action(s) will be taken and by when to help the team in meeting this need.

Person(s) Responsible:

<input type="checkbox"/> Bill Couch (Outpatient Provider)	<input type="checkbox"/> Leanne Delsart (Care Coordination Staff)	<input type="checkbox"/> Zoe Enrollee (Self)
<input type="checkbox"/> Holly Gast (Team Volunteer)	<input type="checkbox"/> Jennifer Hero (Crisis Provider)	<input type="checkbox"/> Sally Jones (Relative outside the home)
<input type="checkbox"/> Mary Jones (Mother)	<input type="checkbox"/> Jean Maller (Friend)	<input type="checkbox"/> Scott Perm (Case Mgr-Other)
<input type="checkbox"/> Dr. Smith (Psychiatrist)	<input type="checkbox"/> Kyra Smith (Foster Parent)	<input type="checkbox"/> Denise Teacher (Education Staff)

Enter a team member (if necessary)

First Name: Last Name:

Role: ---Select one---

You often have more than one Strategy, and you will enter each **separately**. After each entry, click "Add New Strategy."

If the Person Responsible is not shown here, you can enter a new Team Member by adding the person's name and role by clicking on the "Add Team Member" button.

When all areas of this screen are entered, scroll to the top and click "Insert Need"

Entry of New Needs

Domain Identification - Select the Domain or Domains associated with the Need Statement. More than one Domain may be selected as associated with a Needs Statement.

Need Statements - Needs Statements generally reflect the barriers to obtaining the vision, underlying reasons for behavior or what the enrollee/family would like help with to reach their vision.

1. A concise statement of the need.
2. The date the need was begun, the target date for meeting this need, and the initial "Ranking" of this need. The Ranking should be a number between 1 and 5 – and reflects how the Team feels this Need is being currently met. (1 means the Team feels the need has not been met at all; 5 means the Team feels the need has been fully met.)

Benchmarks - State in descriptive, observable and measurable terms. How will the Team know they are getting closer to the Need being met? Describe how the team will know that the ranking of the Need has moved from one number to another.

Select Strengths - Select the appropriate Team strength or strengths that will assist with meeting the identified need.

Identify the Strategy or Strategies Associated with the Need Statement, and the Person(s) Responsible for each Strategy- One or more strategies may be identified for each Need Statement. The individual or individuals involved with implementing the strategy must also be identified. Strategies should reflect who, what, when, where and how a Need will be met. You can determine the order in which Strategies will print by entering a number in the "Print Order" text box.

You need to save each Strategy individually by clicking on the “Add Strategy” button at the bottom of the Screen.

Changing Strategy Print Order- The print order for the strategies can be changed once the entire Need statement has been saved. Strategies should be listed from informal to formal.

Save/Insert Need Statement – To save the Need Statement entry, click on the “Insert Need” button at the top of the screen.

NOTE: You are not able to insert a new Need statement until at least one item, i.e. – strength clicked, strategy entered, etc. is completed in each area. All areas remain open for editing after the Need is inserted until the POC is finalized and approved.

The Need Statement entry is now completed.

Updating or Revising a Need Statement

Each Need must be reviewed and updated at all subsequent Plan of Care meetings.

NOTE: A Pending Need can be activated by unclicking the “Pending” checkbox, clicking “Update” and completing the rest of the Need entry screen (start and end dates / strengths / strategies / initial ranking, etc.).

At each Plan of Care meeting, each Need is reviewed and updated:

- 1) Domains linked to this Need are reviewed
- 2) The Anticipated Achievement Date may change
- 3) Benchmarks are reviewed and updated as needed.
- 4) **A Need Note is entered for EACH Need.** The note should describe any changes to the Need and **provide a comprehensive update on the status of this Need since the previous Plan of Care.** Reference the benchmarks and describe the outcome status of each. In addition to the Note text, you **must** update the Need Ranking at each POC meeting.
- 5) Strengths are reviewed, added and deleted as needed
- 6) The Strategies are reviewed, edited, added and deleted as needed.

Ending a Need

Both Pending and Active Needs can be ended. When a Need is ended (or when the Team decided to remove a Pending Need from the list), a Need Note is entered as usual. The only difference is that you will check the “Need Has Ended” selection.

The screenshot shows a dialog box titled "Add Note". It has a light purple header. Below the header, there are several input fields and controls: "Date of note:" with the value "2/3/2012", "Ranking:" with the value "5", and two radio buttons: "Need has ended" (which is selected) and "Need has not ended". Below these is a text area labeled "Note:" containing the text "**For Ended Needs include a comprehensive statement of the outcome of the Need.**". At the bottom of the dialog, there are three buttons: "ABC ✓", "Save", and "Cancel".

A Ranking is NOT required for needs that were never activated (i.e., for Pending Needs).

SCREENING TAB

This tab is to be used by Wraparound Staff ONLY.

TRANSITION SUMMARY

Summary	Strengths	Crisis/Prev Plan	Psych Assmt	POC/Narrative	Vision	Med'l Providers
Medical Info	Medication List	Educational	Statistics	Domain Review	Needs	MUTT
Screening	Transition Summ	O-YEAH Domain				

Transition Summary

Does the youth/young adult...

Benefits

1) Do you have a copy of your medical card?

2) If you lost your card, would you know how to get a replacement?

3) If you are on SSI and are turning 18, have you contacted Social Security to schedule a review to determine if you will still qualify for benefits after age 18?

4) If you are on SSI, do you know how to access those benefits and how to report any changes in address to SSI?

A Transition Summary MUST be completed for all youth age **16** and older. If a younger youth could benefit from completing a Transition Summary the Team should consider administering the tool. The youth should fill out the hard copy Transition Summary Worksheet ([Located under the Care Coordinator - Frequently Used Forms Tab on the Wraparound Milwaukee website](#)). The Care Coordinator is to transfer the youth's responses into the Transition Summary in Synthesis under the Transition Summary tab. Press Update to save the information.

The Transition Summary will print out with the POC if any data is entered. If a youth is age 16 or older and NO Transition Summary has been completed a section prints saying "No Transition Summary was Done". This serves as reminder that a Transition Summary needs to be completed.

PLAN OF CARE TEAM ATTENMDANCE SHEET (SIGNATURE SHEET)

The Team Attendance Sheet can be uploaded to the POC at any time prior to sending the Plan to Wraparound for approval. They MUST be uploaded prior to sending the Plan to Wraparound.

Narrative

No file chosen

PLAN OF CARE INFORMATION

Plan of Care Date

--Click on "Choose File"
--Find the file on your PC or server
--Click Upload

ALL UPLOADS OF DOCUMENTS TO SYNTHESIS MUST BE IN PDF FORMAT.

On the hard copy Team Attendance Sheet (Signature Sheet):

The Team Attendance Sheet must be **completely** filled out, i.e. – Enrollee name, DOB, POC date, attendance boxes marked (Yes or No), for Prior Authorization and if Initial or Re-authorization? If for Prior Authorization, for what? - i.e. – Day Treatment, Residential, Foster Care, Group Home, Disenrollment POC?, etc.

REQUIRED SIGNATURES are those of the Youth, Parent/Legal Guardian, and Care Coordinator.

Team members should be encouraged to sign the Team Attendance Sheet, as an indication/verification that they were at the meeting.

If unable to obtain youth/legal guardian signature write reason why on the Team Attendance Sheet, i.e. – missing, corrections, attach any certified mail receipts that efforts have been made to contact/that the Plan was sent to them (rare occasions).

If the DMCPs is the Legal Guardian, write that on the “Parent/Legal Guardian” line. The DMCPs representative should then sign below under the “Signatures of Additional Team Members” area. In the rare circumstance when they are not in attendance the CC must get their signature and then indicate “Not in attendance” next to their signature and initial.

PLAN OF CARE APPROVAL PROCESS

Care Coordinator/Transition Coordinator level: Prior to submitting the Plan of Care for approval to the Supervisor/Lead, be sure to review each tab to make sure the information is up- to- date. The POC/Narrative tab will show whether or not each section has been verified:

The screenshot shows a software interface for a 'Narrative' tab. At the top, there are buttons for 'Print Team Plan' and 'Print Full Plan'. Below these are buttons for 'Get Supervisor Approval', a dropdown menu with 'ABC' and a checkmark, and an 'Update' button. The main content area is titled 'VERIFICATIONS' and contains a table with the following rows:

VERIFICATIONS	
Vision Verified?	This was verified for the active plan of care on 3/26/2012 by Phillip Smith.
Providers Verified?	Not yet verified for the active plan of care.
Psych Assmts Verified?	This was verified for the active plan of care on 3/26/2012 by Phillip Smith.
Medical Info Verified?	Not yet verified for the active plan of care.
Medications Verified?	Not yet verified for the active plan of care.
Education Verified?	Not yet verified for the active plan of care.

When a new POC is created in Synthesis, a “Verify” button is generated on each of the component screens to ensure that the Care Coordinator verifies all information prior to sending the POC on for approval. Go to each tab in the POC section, review the information, and click “Verify” when done. Synthesis will not allow the POC to be submitted for Supervisory approval unless all sections have been verified.

REQUIREMENTS FOR VERIFICATION:

Psych Assessment Tab

- 1) There must be **at least one** Assessment entered that has a diagnosis listed that is then correspondingly reflected in the “Diagnostic Codes” area.

Vision

- 1) Some text must be present.

Medical Providers

- 1) You must have both a Medical/Primary Care provider and a Dental/Orthodontist provider entered.
- 2) Both must have a Date Last Seen Entered.
 - a. If the Date Last Seen is more than 1 year ago, you must have text in the Comments section describing what steps are being taken to get these appointments scheduled.
- 3) If there is no Primary Care Physician or Dentist, you would select “None at this Time.” You will still need to enter an Estimated Date Last Seen. You would then make a notation on that entry as to what is being done to connect the youth and family to these providers, and this likely would be a Need on the Plan of Care under the Health and Well Being Domain.

Medical Information

- 1) You must have a response in each section.
- 2) For the Developmental, Substance Abuse and Psychiatric Hospitalization History, etc., if ‘Yes’ or ‘Unknown’ is selected, text must exist in the Notes box for that section.

Medication List

- 1) The Verification step simply ensures that this screen is viewed and updated if needed.

Educational

- 1) The Verification step simply ensures that this screen is viewed and updated if needed.

Domain Review

- 1) Each Domain must be ranked.
- 2) For any Domain ranked as a Medium or High Need, text must exist in the Notes box.

Signature Sheet

- 1) Verify that the Signature Sheet was uploaded, that it contains all required signatures and is completely filled out.

Screening

- 1) Verify that the Screening information was completely and thoroughly reviewed and incorporated into the POC needs as determined by the Child and Family Team. Follow-up with any directives provided by the Screener. This is only applicable during the initial POC.

Supervisor level: Synthesis automatically notifies the agency Supervisor/Lead that a POC is awaiting approval. After reviewing the POC for completeness and quality, the Supervisor/Lead can return the POC to the Care Coordinator /Transition Coordinator for updates or modifications by clicking on the “Send Back” button. If the Plan meets with the Supervisor/Lead’s approval, he/she will submit to Wraparound Administration for final approval by clicking on the “Get Program Approval” button.

Before the Supervisor/Lead can approve the POC:

- 1) All areas must be Verified
- 2) For POC’s associated with a Prior Auth., additional questions have to be answered.
- 3) An approved Crisis Plan – dated within 30 days of the POC date – must exist.
- 4) A signature sheet must be uploaded. Requirements on the signature sheet:
 - a. Youth and parent/legal guardian must sign
 - b. [Care Coordinator/Transition Coordinator](#) signature required
 - c. If a signature is missing for any reason, explain the reason why on the signature sheet itself.


Wraparound Administrative Approval – When the POC is approved at the agency level, a login message is automatically generated notifying Wraparound that a Plan needs review. **(NOTE: If the agency has checked the “Forward Plan for Prior Authorization Review” box, which becomes part of the login message to Wraparound and the Plan is forwarded accordingly.)**




PRINTING PLANS OF CARE

You print Plans of Care and Signature Sheets from the POC/Narrative screen.

For POCs that are still in process, you click on the folder next to the Plan Date and can print the Team or Full Plan or the Signature Sheet from the data entry screen on the next page.

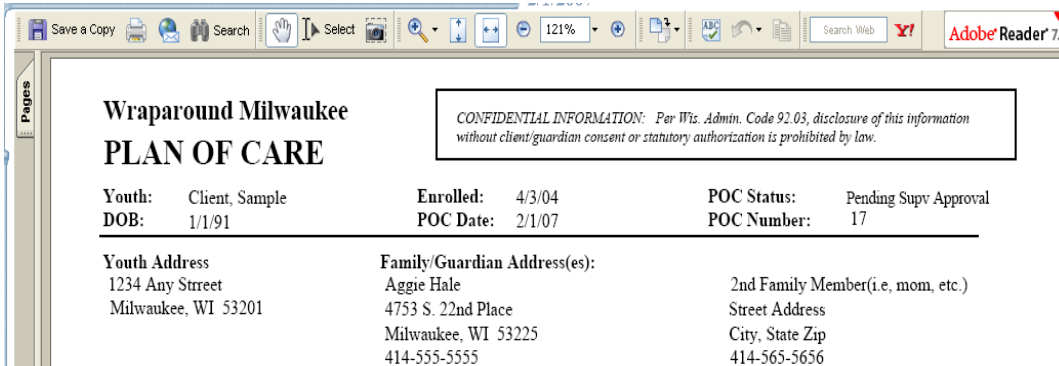
For POCs that are Completed, you can print the Team or Full Plan directly from the main page by clicking on the folder under “T” or “F”, or the Signature Page by clicking on the folder under “S.”

Active Plan of Care			
Plan Date	Status	Date Created	Created By
 7/1/2012	In Process	7/11/2012	GEORGE BENZ

Completed Plans of Care								
T	F	S	Plan Date	Create Date	Created By	Agy Appr Date	Wrap Appr Date	Wrap Appr By
			5/1/2012	5/17/2012	Phillip SmiTh	5/17/2012	5/17/2012	Aggie Hale
						GEORGE BENZ		

After you select a POC to print, a screen similar to the one below appears. Click on the Printer icon to print the report.

Sample View of Report Screen



Wraparound Milwaukee
PLAN OF CARE

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

Youth: Client, Sample Enrolled: 4/3/04 POC Status: Pending Supv Approval
DOB: 1/1/91 POC Date: 2/1/07 POC Number: 17

Youth Address Family/Guardian Address(es):
1234 Any Street Aggie Hale 2nd Family Member(i.e, mom, etc.)
Milwaukee, WI 53201 4753 S. 22nd Place Street Address
 Milwaukee, WI 53225 City, State Zip
 414-555-5555 414-565-5656

Select the printer icon to print the report.

Select Save a Copy to save the report.