

 WRAPAROUND MILWAUKEE POLICY & PROCEDURE	Date Issued: 9/1/98	Date Revised: 9/27/07	Section: ADMINISTRATION	Policy No: 001	Pages: 1 of 2 (1 Attachment)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input checked="" type="checkbox"/> FISS	Effective Date: 1/1/08	Subject: CARE COORDINATION SUPERVISOR RESPONSIBILITIES		

I. POLICY

In keeping with the standards set for quality care coordination, Wraparound Milwaukee requires that all Care Coordination Agencies adhere to the following expectations for Supervision.

II. PROCEDURE

A. Qualifications.

A Master's prepared Social Worker, Psychologist, Nurse or other master's level healthcare professional with at least one year's experience in case management and/or in-home treatment or a person with a BS/BA degree in a healthcare related field with at least three years experience in case management and/or in-home treatment or with approval from Wraparound Milwaukee Administration.

B. Requirements.

The Supervisor shall not carry or maintain a regular caseload. In the event Supervisors are in the position of coverage due to staff loss, Wraparound Milwaukee Management must be notified and must authorize this coverage in writing. Additionally, Care Coordination Supervisors may not be assigned to supervise other programs within the Agency.

C. Duties and Responsibilities.

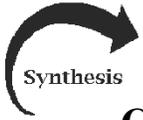
1. Maintain employee files that include a statewide background check, Care Coordinator's resume and proof of qualifications. Wraparound Milwaukee has the right to periodically audit Agencies to assure compliance.
2. Notify the Clinical Coordinator of Enrollments via email immediately when a new Care Coordinator has been hired, resigns, has a change in name or phone, cell and/or pager numbers. Include the Care Coordinator's name, phone number (including pager and cell phone numbers) and email address, and supply relevant information (i.e., date of hire, date change in information is effective, etc.). All new Care Coordinators must also complete and submit an APPLICATION FOR SYNTHESIS LOGIN ID form (*see Attachment*). Access to Synthesis will not be available until this form is received.
3. Notify Wraparound Milwaukee immediately of all family assignment changes as outlined in Policy #006 – Changing Care Coordinators.
4. Provide Care Coordinators with tools to maintain safety (i.e., cell phones, pagers, inservices on community safety) and remain receptive to Care Coordinators' needs around community safety.
5. Maintain a 24-hour on-call system to assure families' access to Wraparound Care Coordinators.
6. Promote a welcoming agency culture of family inclusion and include families in clinical staffings and agency meetings whenever possible.
7. Promote professional demeanor, presentation and appearance with all Care Coordinators.
8. Facilitate monthly family activities. Promote and assist youth in involvement with the Youth Council.
9. Provide orientation and training in the wraparound process (in addition to the 52-hour certification training) to all new Care Coordinators, promoting individualized care and the use of natural/informal supports and community resources.

10. Provide weekly individual directive supervision with each Care Coordinator for a minimum of one hour. Provide ongoing feedback and support regarding Care Coordinator's strengths, areas of need and potential strategies for improvement through the consistent use of facilitator reviews and supervision.
11. Facilitate weekly Agency Care Coordinator team meetings to share information regarding Wraparound Milwaukee monthly reports, updates and areas in need of attention.
12. Attend and participate in biweekly Supervisor meetings with the Wraparound Milwaukee Management Team.
13. Attend all trainings and inservices and assure that Care Coordinators do the same.
14. Provide coverage for Care Coordinators, as needed, and assure that families are aware of the coverage plan during absences and vacations.
15. Provide Care Coordinators with ongoing assistance for day-to-day issues, as well as crisis situations. Direct them to utilize the Child & Family Team for direction and assistance as much as possible.
16. Assure that Care Coordinators are developing balanced Child & Family Teams (50% informal, 50% formal). Regularly attend Child & Family Team meetings and Plan of Care meetings.
17. Assure accuracy and timely submission of all enrollment forms, change of placement notices, SAR's, court letters, progress notes, evaluation tools, Plans of Care (POC's), crisis/safety plans and all other documents requiring Supervisor's signature/approval. Assure that accurate family demographic information is maintained online.
18.
 - a. Review POC's and crisis/safety plans prior to signing to assure that the plans promote the family vision, utilize functional strengths, identify appropriate needs and clearly related strategies. Assure that all team members receive copies of completed POC's in a timely manner.
 - b. Assure all documentation, including Progress Notes, Referrals for treatment or placement, Court Reports, etc. are done in a strength-based manner.
19. Support Care Coordinators in facilitating family independence through a sustainable transition plan starting from day one. Review all pending disenrollments with Care Coordinators prior to meeting with the Wraparound Review and Intake Team (WRIT) (refer to Policies #016 – Disenrollments and #031 – Wraparound Review & Intake Team).
20. Promote utilization of community resources and supports that are culturally relevant to the family.
21. Monitor service authorization requests to assure that the Team has clearly defined in the Plan of Care the need for the requested service and have made fiscally sound decisions regarding the provision of services.
22. Submit requests for Out-of-Home Care and Day Treatment with up-to-date POC's.
23. Monitor all court-related activities (i.e., court appearances, acquisition of court orders, court extensions or revisions, permanency planning reviews and court letters).
24. Review court letters for appropriateness, accuracy and timeliness prior to submitting them to Wraparound Milwaukee for approval.
25. Attend court with all new Care Coordinators for the first six (6) months of their employment.
26. Keep Wraparound Milwaukee informed of emergency or critical incidents (refer to Policy #014 – Critical Incident Reporting).

Reviewed & Approved by: _____



Bruce Kamradt, Director



APPLICATION FOR SYNTHESIS LOGIN I.D. Care Coordinator / Case Manager / Administrative Access

To request a Login in I.D. for Synthesis, please complete the following application.

Agency Name: _____ Staff Name (print) _____

Phone No _____ Ext. _____ Cell: _____

Email address _____ Pager: _____

Agency Staff Authorizing I.D. Request _____
(Signature of agency supervisor)

Access Level Being Requested: (Check One or More that Apply)

- | | |
|---|--|
| <input type="checkbox"/> FISS Worker | <input type="checkbox"/> FISS Supervisor |
| <input type="checkbox"/> Care Coordinator | <input type="checkbox"/> Lead Care Coordinator |
| <input type="checkbox"/> Care Coordinator Supervisor | <input type="checkbox"/> Clerical Staff – Care Coordination Agency |
| <input type="checkbox"/> Reports (list report groups) _____ | |
| <input type="checkbox"/> Other (describe) _____ | |
| <input type="checkbox"/> Administrative | |

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency. The staff receiving the Synthesis Login I.D. agrees to the following terms regarding maintenance of the I.D. and access to confidential information in Synthesis.

The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual's I.D. is to be inactivated because:

- the individual's job responsibilities no longer require access to Synthesis
- the individual is no longer employed by the agency.



SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency.

I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (414-257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

Staff Signature: _____ Date: _____

***Fax this completed Form to Synthesis Help Desk Staff at: (414) 257-7575.
Your Login ID and instructions will be emailed to you shortly.***

SYNTHESIS - OFFICE USE ONLY

Reviewed/Created by: _____ Date: _____