

 <b>WRAPAROUND MILWAUKEE POLICY &amp; PROCEDURE</b>	Date Issued: <b>6/16/99</b>	Date Revised: <b>6/5/08</b>	Section: <b>ADMINISTRATION</b>	Policy No: <b>007</b>	Pages: <b>1 of 3</b>
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input type="checkbox"/> FISS	Effective Date: <b>1/1/09</b>	Subject: <b>CLIENT CHART FORMAT</b>		

## I. POLICY

It is the policy of Wraparound Milwaukee that all affiliated Agencies providing care coordination services maintain an organized, comprehensive chart on each client that is enrolled in Wraparound Milwaukee and/or who has been a Wraparound Milwaukee client. This chart, along with individual client information maintained in the Wraparound Milwaukee Synthesis Management Information System, is known for purposes of the HIPAA Privacy Regulations as the Designated Record Set. Charts (active and disenrolled) must be maintained in a locked, fireproof room or file cabinet.

## II. PROCEDURE

### A. CURRENTLY ENROLLED CLIENT CHARTS

Each Agency must maintain a chart on each of their assigned clients and are expected to keep their charts up-to-date at all times. The chart must be broken down into the following sections and labeled as follows:

- Section 1 - INTAKE / CONSENTS
- Section 2 - ASSESSMENTS / EVALUATIONS
- Section 3 - FISCAL
- Section 4 - CARE PLANS
- Section 5 - LEGAL
- Section 6 - CORRESPONDENCE
- Section 7 - NOTES

The Agency may include more sections within their chart, but no less than those indicated above. The sequencing of the sections in the chart can be determined by the Agency.

Each section should include the following documents and/or copies of the documents:

#### **Section 1 - INTAKE / CONSENTS**

##### **Required:**

- WM / REACH Authorization For Release of Information Form
- WM / REACH Consent / Acknowledgement Form
- Medicaid Enrollment Request Form
- Enrollment Confirmation Letter
- WM Intake Form (Screener's Intake)
- MUTT Consent for Treatment Form
- Disclosure Tracking Log for Protected Health Information (as applicable).
- Discharge Summaries from past residential and/or inpatient hospitalizations (as applicable).

##### **Other forms that should be filed under this section if available and applicable:**

- Records from past hospitalizations (mental health and/or medical) / treatment / therapy.
- Any other medical information related to client/family medical history/concerns, documentation of past/recent physicals or healthchecks that were done, information regarding allergies, etc.
- Agency specific Consent for Service forms or Consent for Treatment Forms
- Agency specific Service Agreements/Contracts
- Agency specific Client/Family Rights Documents
- Initial Assessment/Intake records of current/past inpatient hospitalization or residential placement.

## **Section 2 - ASSESSMENTS**

### **Required:**

- Child Behavior Checklist (Required at Intake, 6 months, 1 year, 2 years, etc., & disenrollment)
- Youth Self Report (Required at Intake, 6 months, 1 year, 2 years, etc., & disenrollment)

### **Other forms that should be filed under this section if available and/or applicable:**

- Strengths/Needs Assessment(s)
- Psychological Evaluations
- M-Team/School Reports

## **Section 3 - FISCAL**

### **Required:**

- Financial Assessment Referral (required at the time of Enrollment)

### **Other forms that should be filed under this section if available and/or applicable:**

- Electronic Print Out of Service Authorization Requests [SAR's] (optional)
- Copies of MCFI Provider Applications and Tax Forms
- Receipts for discretionary and other Wraparound funded items
- Copies of Wraparound Medicaid Card (Blue Forward Card) and/or Other Insurance Coverage
- Fast: Notification of Change Form

## **Section 4 - CARE PLANS**

### **Required:**

- Plan of Care (POC) – electronic copy.

### **Other forms that should be filed under this section if available and/or applicable:**

- Out-of-Home Care Authorization/Agreement
- Electronic Printout of Day Treatment Prior Authorization Form (*optional*)
- Residential Treatment Care Plans
- Individualized Education Plans (IEP's)
- Team Facilitator Review Form

## **Section 5 - LEGAL**

### **Required:**

- Court Orders / Docket Sheets (*Wraparound Only*)
- Temporary Physical Custody Order (*Wraparound Only*)

### **Other forms that should be filed under this section if available and/or applicable:**

- Court Extension / Revision Reports
- Court Letter – Progress Report
- Request for ER Foster Home Study
- Incident Reports (Agency and/or WM)
- Foster Home License / Documentation
- Juvenile Justice Risk Assessment / Progress Report
- Capias / Apprehension Requests / Warrants
- TPR / Adoption Reports / Requests
- Permanency Plans
- Notice of Change of Placement Form
- Wraparound AWOL / Temporary Placement Status Report
- Temporary / Permanent Guardianship Orders
- Legal Custody Orders
- Birth Certificates

### **Section 6 - CORRESPONDENCE**

**Required:**

-- WM Disenrollment Documentation Form.

**Other forms that should be filed under this section if available and applicable:**

- Central Staffing Papers
- Provider Service Logs (i.e., mentor, parent assistant, tutor logs, etc.)
- Copies of any Audits / Reviews
- Referral Form for Provider of Wraparound Services
- Family Satisfaction Surveys
- Care Coordinator Change Surveys or Letters

### **Section 7 - NOTES**

**Required:**

-- Progress Notes (in final form)

**Other forms that should be filed under this section if available and applicable:**

- Consultant Plan of Care Review Notes.
- Care Coordination Agency Staffing Notes.

## **B. DISENROLLED CLIENT CHARTS**

All Wraparound Milwaukee client charts must be retained until the client becomes 19 years of age or until 7 years after treatment has been completed, whichever is longer. These charts must be retained at the Agency until such time that an Agency no longer provides care coordination services for Wraparound Milwaukee. At that time, all client files must be brought to Wraparound Milwaukee.

## **III. DESIGNATED RECORD SET.**

*Wraparound Milwaukee defines the client's designated record set (or entire medical record) as items identified in Sections 1 through 7 above.*

**Note: Client Charts (current or disenrolled) must be accessible at any time for Wraparound Milwaukee, Department of Health & Human Services, State of Wisconsin, or Federal auditing/reviews.**

Reviewed & Approved by: \_\_\_\_\_



Bruce Kamradt, Director