



WRAPAROUND MILWAUKEE



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2010 WRAPAROUND MILWAUKEE QA/QI PROGRAM DESCRIPTION & WORKPLAN

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I. QA/QI Mission Statement

To ensure quality care and promote continuous quality improvement of services and processes to meet the needs of Wraparound youth and families.



Goals

1. To assess the effectiveness of the Wraparound approach in improving the quality of life for the youth and families we serve.
2. To ensure youth/family access to care and services that are individualized, strength-based, culturally sensitive and needs-driven.
3. To join with all community and system partners to create opportunities for positive programmatic and systemic change.
4. To establish policies and procedures that promote and ensure best practice and quality service delivery.
5. To assess and monitor outcomes and implement change.
6. To monitor service provision to ensure quality care.



II. QA/QI Executive Committee Rooster



Members

Pam Erdman, MS, OTR – Wraparound QA/QI Director – **Chairperson**

Pam Fleider, RN, MA – Alternatives in Psychological Consultation - Provider Network Representative

Janet Friedman - MSW, LCSW – Wraparound Fiscal Coordinator

Steve Gilbertson, Psychologist – Wraparound Clinical Coordinator

Margaret Jefferson – Director, Families United of Milwaukee, Inc.

Diane Krager, OTR – Contract Administration – QA Wraparound Liaison/DHHS QA Coordinator

Bruce Kamradt, MSW – Wraparound Program Director

Michelle Zoerb – My Home Your Home Care Coordinator

Jeannie Maher – Wraparound Provider Network Coordinator

Jim Maro/Debbie Zwicky – St. Rose Youth and Family Center, Inc. – Provider Network Representatives

Mary Jo Meyers, MS – Wraparound Deputy Director

Cheryl Neils, MS – Quality Assurance Specialist - BHD/SAIL

Stacy Kozel – MSW, LCSW – Wraparound/REACH QA Coordinator

Teresa Smith – MCDA-RC QI Coordinator

Pauline Spencer – Wraparound/REACH Program Coordinator

Makalah Wagner - State of Wisconsin – DHS – Medicaid Contract Contact

Tracie Zimmerman - Wraparound Quality Assurance Technician

Wraparound Family Representatives: Several Parents/Caregivers are involved in every meeting.

Wraparound Youth Council Representatives: Open Invitation is extended to any Youth Council members that would like to attend.

Guest/periodic attendees are also welcome!

III. Quality Assurance Program Description and QA Components

In compliance with 42 CFR 434.34, and 42CFR Part 400, Medicaid Managed Care Requirements Subpart E

1. Program Description/Responsible Parties:

Wraparound Milwaukee is a special Managed Care Organization serving youth with complex emotional, behavioral, mental health needs, and their families. Wraparound strives to provide quality services that have a positive impact on the youth's daily mental health functioning, school performance, sense of community/social responsibility and living environment, while maintaining the youth in the least restrictive setting possible, containing costs, and maintaining expected standards. Wraparound Milwaukee promotes systemic change, develops policies and procedures to ensure quality care and service delivery, promotes Child and Family Team/school/community/Juvenile Justice/Bureau of Milwaukee Child Welfare collaboration and utilizes a diversified Administrative and Consultant team that assesses services/service delivery and provides training in Wraparound philosophy/cultural competency. A structured Intake process is utilized when enrolling youth into Wraparound and when Provider Applications are being processed to authorize agencies to provide services in the Wraparound Provider Network. A Care Coordinator is assigned to each family. The Care Coordinator organizes and coordinates care for the family.

The primary person responsible for the Wraparound Milwaukee program as a whole is the Director of Wraparound Milwaukee. One component of the Wraparound Program is the QA/QI Department. This department is responsible for ensuring that quality care and best practice standards and measures are being implemented and monitored on an ongoing basis. The QA/QI Director is responsible for all day-to-day QA/QI departmental operations, supervises 2.0 Quality Assurance Staff, chairs the Executive QA/QI Committee and provides technical assistance to the Department of Health and Human Services Centralized QA Group. (See Attachment # 1 - QA/QI Director Position Description). The QA/QI Director is supervised by the Director of Wraparound.

The Wraparound Milwaukee Management Team is the governing body that provides oversight to the Wraparound Milwaukee QA/QI Executive Committee. Wraparound Milwaukee Management, Providers, Consultants, Advocates, Parent Representatives and Community Representatives either serve on and/or support the work of the QA/QI Executive Committee/Department.

QA/QI data, studies and the QA/QI Semi-Annual Reports are available to and/or are shared with the Milwaukee County Director of Health and Human Services and the Milwaukee County Chairman of the Health and Human Needs Committee.

2. QA/QI Related Committees/Groups:

The 2010 QA/QI Flowchart (Attachment # 2) outlines the QA/QI-related Committees/Groups reporting avenues and feedback loops.

Further defined are some of the components referenced in the flowchart.

Executive QA/QI Committee is in part, an extension of the Wraparound Milwaukee Management Team. It includes a variety of Human Service/Mental Health Professionals, along with Parent/Caregiver/Advocate representation. The Committee meets 4 times per year to review data, develop studies, implement activities, review and approve reports, etc. The activities of the QA/QI Committee are documented in the form of minutes.

Critical Incident Review Panel reviews identified Critical Incident Reports. The Panel assures that adequate, appropriate follow-up occurred regarding the incident and that a plan of action/change was implemented as recommended. This group meets as needed.

Provider Network Enrollment Committee is a group of administrative representatives associated with the programs that utilize the Provider Network in addition to Wraparound affiliated staff. The group assesses service needs, reviews vendor eligibility, qualifications/credentials, reviews vendor history, determines program caps and the number of Providers authorized to provide a common service, recommends other avenues for applicants to pursue and explores approaches to preserve fidelity of Wraparound principles throughout the Network. The group meets as needed.

Wraparound Milwaukee Credentialing Committee is a standing subcommittee of the Provider network Enrollment Committee and is responsible for administering the Wraparound Milwaukee Provider network Credentialing Plan of behalf of Wraparound. The Committee is responsible for review and approval of applicants who meet minimum participation criteria with adverse activity. The Committee meets monthly as needed.

Centralized Quality Assurance Committee is a group composed of Department of Health and Human Services (DHHS)/Contract Administration personnel, Behavioral Health Division/Wraparound Milwaukee personnel, Children's Court/Juvenile Justice personnel and Wiser Choice/SAIL personnel. The committee provides a forum to discuss quality of care issues, report on quality and fiscal audit/review outcomes, discuss programmatic policies and procedures and promote consistency and uniformity within the County as it relates to quality assurance and quality improvement. The committee meets monthly.

Cultural Diversity Committee - The Cultural Diversity Committee is a group of Wraparound staff, Families United of Milwaukee affiliated staff, parents, caregivers, providers and community of care partners, that meet bi-monthly to address cultural diversity and sensitivity issues related to providing services to youth/families who are experiencing mental/behavioral health concerns.

Sharing of QA/QI information/special reports also takes place at the Wraparound Milwaukee Management/Supervisory Meeting, Group Home Directors Meeting, bi-monthly Provider

Network Meeting and at any other committee/group meetings in which QA/QI is of relevance. Task/work groups are assembled as needed to deal with specific areas of need.

Partnership Council - The Wraparound Partnership Council is a group composed of community representatives who provide services/support for children, non-agency/service individuals and current or former Wraparound caregivers. One of the group's goals is to access informal community resources/support- (i.e. clergy members, area business leaders), and to provide advisory support to the program.

3. QA-related Program Components/Processes

Access to Care/Services - Youth/families have access to needed care/services through the Wraparound Milwaukee Provider Network (WPN) and/or established community/informal/natural supports as agreed upon by the Child and Family Team. The QA/QI Executive Committee may provide feedback regarding access issues and concerns. The provision of services are being held to programmatic policy/guidelines, Fee-for-Service Agreement and County/State/Federal standards.

Provider Performance/Credentials - Surveys, audits, outcome studies and site visits are conducted to assure quality performance by our Providers. Providers sign a yearly Fee for Service Agreement with Wraparound Milwaukee referencing performance expectations, QA/QI expectations, credentialing and service delivery requirements, etc. Credential requirements are strictly monitored and enforced.

Grievances/Complaints - Youth/families have the right to complain about/grieve any service/procedure/process that they feel has not met their expectations. A formal grievance procedure/policy is in place if the complainant is not satisfied with the resolution/outcome of their complaint. Complaints are entered into Synthesis (Wraparound Milwaukee's IT System) and are investigated in a timely fashion. Providers and any other system partners are also able to initiate a complaint. The complaint/grievance process is subject to ongoing review as the needs of the youth/families/providers/system partners and stakeholders change.

Utilization Management/Review - Utilization Management and Review activities are primarily performed by Wraparound Milwaukee Management staff and the QA/QI Department. Wraparound Milwaukee engages in a utilization management/review process of its service delivery system through the use of reports generated through Synthesis – Wraparound IT System, and a manual review of Service Authorization Requests (SARS). The reports are analyzed by Wraparound Milwaukee staff for variances from desired practices. This can be done on a system-wide level and/or on an individual case-by-case basis.

Some of the following reports/data that can be accessed focus on:

- Authorized Services by month by client, program, and vendor
- Expenditures for services provided monthly by client, program and vendor
- Placement Status Report
- Disenrolled Client Report
- Cost Comparison Data
- Plan of Care/RCC Pre-Authorization/Day Treatment Pre-Authorization
- Community Resources tracking

- Crisis Billing
- Submitted/Paid Claims
- Client age, sex, race, diagnosis, referral, residence, and other demographics
- Monthly enrollment reports
- Care Coordination Service/Productivity Hours and Crisis Hours provided monthly and year-to-date
- Reports reflecting compliance standards that have been established for several outcome, process, and structure indicators related to the provision of Care Coordination
- A variety of Vendor Reports and Care Coordination Agency Reports
- Service reports reflecting utilization trends, non-permissible mix of services and over/under utilization.
- Special reports may also be produced for specific groups of clients, services, vendors, etc.

Review by Appropriate Health Professionals and Other Representatives - All client Plans of Care must be reviewed at least every 90 days. A licensed Psychologist or Psychiatrist must review and sign off on the Plan.

Other QA/QI related issues/documentation are addressed/reviewed by a variety of health professionals associated with the QA/QI Executive Committee/process. These individuals hold the titles of Psychiatrist, licensed Psychologist, Social Worker, Occupational Therapist and Registered Nurse, to name a few. Other system related individuals are also involved in various review processes related to assuring quality care, i.e. - Parent Representatives/Family Advocates, Fiscal Representatives, Judicial/Court-related Representatives, State Representatives, Education Representatives, Milwaukee Bureau of Child Welfare Representatives and other community people.

Evaluation Data Collection on Behavioral and Clinical Outcomes - The Wraparound Milwaukee evaluation process includes the collection of data pertaining to each individual youth before and during treatment in the program. Some data is also collected post disenrollment. The evaluation/performance data collected and analyzed includes - functional performance, community behavior, psychiatric symptomatology, living situation/place of residence, school participation/performance, juvenile justice involvement, family satisfaction and cost management outcomes.

Wraparound Milwaukee provides interpretation of the data for dissemination to Families, Care Coordination Agencies, Providers, Government Officials, Juvenile Justice Personnel, and/or other Stakeholders.

Wraparound Milwaukee makes programmatic changes through the interpretation of the data collected, i.e. - Continuous Quality Improvement (CQI)

Data is reviewed for sources and types of variance from the established standards of Wraparound Milwaukee and other agencies providing similar services. These variances are reviewed by Wraparound Milwaukee Management and the Executive QA/QI Committee for appropriate action.

IV. Quality Improvement Fidelity/Process Indicators/Timeline

The Quality Improvement Plan/Timeline for 2010 is referenced below. Fidelity and Process Indicators are referenced along with QA Departmental responsibilities.

Wraparound Milwaukee implements changes in its program based on QA/QI outcomes/processes, data reports/queries, and other data source findings. Surveys, quality and fiscal audits/reviews, interviewing, utilization review, and submission of mandatory data are some of the means of collecting information. From this information, reports/data/processes are reviewed and changes are implemented when warranted. The effectiveness of the implemented action is then monitored and adjusted until an acceptable outcome is achieved.

Reports/studies/audits/reviews reflect the work of the QA/QI Department in collaboration with other Wraparound-associated Departments, affiliated Agencies, Community/Family Representatives, the Milwaukee County Department of Health & Human Services (DHHS) Centralized Quality Assurance personnel and other stakeholders.

The objective of the QI Plan/Timeline is to provide a framework to monitor and evaluate the established indicators, and the quality and appropriateness of youth/family care. Through the information produced from this monitoring, Wraparound Milwaukee will pursue opportunities to improve care and resolve identified concerns. QA/QI efforts are family driven, and mental health/system/cost outcome oriented and rely upon data generated by Wraparound Milwaukee and its affiliates as well as that developed by outside sources.

FIDELITY MEASURES		
Indicator	Monitor	Frequency/Measurement
1. Functioning - functioning levels of youth in Wraparound Milwaukee will improve. This will be measured by comparing the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR) scores. Every enrollee is involved in the evaluation data collection process.	Care Coordinator, Wraparound Research Consultant, Wraparound IT System	Completed at Intake, 6 months, 1 year, 2 years, 3 years, etc. and at disenrollment.
2. Living Environment - While enrolled in Wraparound, the percentage of days that a youth spends in a restrictive setting will decrease.	Care Coordinator and Wraparound IT system	This will be measured by comparing the percentage of days in a restrictive setting (Inpatient, RCC, Detention, Group Home and Shelter Facility) to the percentage of days in a community-based setting (home, foster care, living with a relative or independent living). The time frames for the collection of this data will correspond to the Care Coordination Agency Performance

		Report time guidelines (2x's year).
3. <u>Community Safety</u> - Criminal charges and adjudication's will decrease while the youth is enrolled in Wraparound.	Care Coordination juvenile justice data entry, Wraparound IT System	This will be measured by comparing enrollment entry adjudications and formal charges data to the number of adjudications and formal charges during enrollment.
4. <u>School</u> - Youth school attendance will improve during their time in Wraparound.	Wraparound Care Coordinators and Wraparound IT System	This will be measured by comparing the total number of school days possible to the total number of school days attended (including excused absences, days suspended, unexcused absences, days expelled), at monthly intervals during enrollment. This data is tracked on the Plan of Care.
5. <u>Family Satisfaction - Care Coordinator</u> - Caregivers and youth must be satisfied with Wraparound Milwaukee Care Coordination services.	Wraparound Milwaukee Quality Assurance Department, Families United of Milwaukee, Inc., Wraparound IT System	Wraparound Milwaukee in collaboration with Families United of Milwaukee, Inc. will distribute Family Satisfaction Surveys to every youth/family enrolled in Wraparound. These surveys are mailed at 1 month, 6 months, 1 year, 2 years, etc. and at disenrollment. An average score of 4.0 out of a rating scale of 1-5 is the established threshold. Survey data is compiled and reported 2x's a year on the Care Coordination Agency Performance Report.
6. <u>Family Satisfaction - Provider</u> – Caregivers and youth must be satisfied with Wraparound Milwaukee and it's Provider Network services.	Wraparound Milwaukee Quality Assurance Department, Families United of Milwaukee, Inc., Wraparound IT System	Wraparound Milwaukee in collaboration with Families United of Milwaukee, Inc. will distribute Family Provider Satisfaction Surveys to every youth/family enrolled in Wraparound Milwaukee. These surveys are mailed during the 4 th and 9 th months of enrollment. An average score of 4.0 out of a rating scale of 1-5 is the established threshold. Survey data is ongoingly compiled and reported 2x's a year in the QA/QI Semi-annual Report. Survey results are forwarded to Providers. Providers are asked to respond to surveys that reflect negative comments.
7. <u>Care Coordinator Productivity/Service Hour Time</u> - time spent per month, per family providing services to the youth/family or engaging in service– related communication/collaboration with the Child and Family Team members.	Care Coordinator and Wraparound IT System	Fourteen (14) hours (8 hours for REACH), per month per family. (This includes 8 hours of crisis billable time for Wraparound and 5 hours for REACH). Data is reported 2x's a year on the Care Coordination Agency Performance Report.
8. <u>Face to Face Contacts</u>	Care Coordinator and Wraparound IT System	Wraparound Care Coordinators must average one face-to-face contact (with the youth <u>and</u> parent or other primary caregiver) per week. REACH Care Coordinators must

		average one face-to-face contact (with the youth <u>and</u> parent or other primary caregiver) every two weeks. Data is reported 2x's a year on the Care Coordination Agency Performance Report.
9. <u>Child & Family Team/Plan of Care Mtgs.</u>	Care Coordinator and Child & Family Team, Wraparound IT System, annual Progress Note Audit/Review conducted by the Wraparound QA/QI Department	At least one CFT or POC meeting per family must be held monthly. This must be appropriately documented. This is reported 2x a year on the Care Coordination Agency Performance Report.
10. <u>Number of Successful Disenrollments</u>	Family/Youth, Care Coordinator, Wraparound IT System and Wraparound Administration	<p>“Success” will be achieved if the cumulative outcome percentage scores in the following areas have met the established “success” threshold of 75% or greater.</p> <ul style="list-style-type: none"> - Parental and youth perception of change as evidenced by the disenrollment survey results - Needs being met as identified in the Needs Ranking Scoring process within the final Plan of Care. - Remaining clinical symptoms as reported by the youth and caregiver at disenrollment through the Child Behavior Checklist and the Youth Self Report - Permanency Plan being achieved (Wraparound youth only). <p>This data is then entered into the Wraparound IT system. Data is reported 2x's a year on the Care Coordination Agency Performance Report.</p>
11. <u>Formal/Informal Supports</u> - Informal supports are described as community resources serving on the Child and Family Team in usually a non-paid role. These individuals may be family members (other than the youth and parent), friends, neighbors, faith-based supports and kinship providers.	Care Coordinator and Wraparound IT System based off of data referenced on the Child and Family Team member list and those individuals utilized within the strategies of the POC Domain/Need areas.	It is expected that on average, 100% of all Child and Family Teams should be utilizing natural/informal supports. At least 50% of the supports on those Teams should be informal. Data is reported 2x's a year on the Care Coordination Agency Performance Report.
12. <u>Family Activities</u> - Every Care Coordination agency is expected to conduct an activity that engages Wraparound youth and their families.	Care Coordination agency and Wraparound QA Department	1x a month

PROCESS MEASURES

Indicator	Monitor	Frequency/Measurement
<p>1. Plan of Care - POC's must reference all required and applicable life domains, will include a 24 hr. Crisis Plan, will identify child/family strengths and needs, will identify formal and informal/natural/community supports, will be signed off by a licensed psychologist or psychiatrist and will acknowledge that the Child and Family Team was in attendance at the meeting and participated in the creation and/or revision of the POC. POC Audits are conducted by the Wraparound QA Department</p>	<p>Quality audits/reviews of the POC will be conducted annually by the Wraparound Quality Assurance Department. The Wraparound IT System and the Care Coordinator will also monitor compliance.</p>	<p>The initial POC must be completed within 30 days of enrollment. POC's must then be updated at least every 90 days. Plan of Care quality audit/review results should evidence at least a 90% overall agency compliance score. Timeliness of the Plans is reported 2x's a year on the Care Coordination Agency Performance Report. POC Audit results are reported 1x a year on the Care Coordination Agency Performance Report.</p>
<p>2. Wraparound Client Record - Wraparound client records must be organized and contain all required documentation as per the Client Chart Format policy and procedure.</p>	<p>Client Chart Audits will be conducted by the Wraparound Quality Assurance Department The Care Coordinator will also monitor compliance.</p>	<p>Client Record Audits are conducted every two years and should evidence at least a 90% overall agency compliance score.</p>
<p>3. Wraparound Progress Notes - Wraparound Progress Notes in the client records must be written in a manner that abides by the established standards/policy.</p>	<p>Audits/reviews of the Progress Notes will be conducted by the Quality Assurance Department as specified on the QA/QI Timeline (See attached Timeline). The Wraparound IT System and the Care Coordinator will also monitor compliance.</p>	<p>Timeliness of the Progress Notes is reported 2x's a year on the Care Coordination Agency Performance Report. A Progress Note Audit is conducted and reported 1x a year on the Care Coordination Agency Performance Report. The progress note quality audit/review should evidence at least a 90% overall agency compliance score.</p>
<p>4. Service Authorization Request (SAR) - Projected costs and utilization of services is documented every 30 days.</p>	<p>Care Coordinator/Wraparound Fiscal Department/IT system and QA/QI Department track costs/utilization</p>	<p>SAR's are completed monthly by the Care Coordinator and must be entered by the 23rd day of the month for the subsequent month's services. This is done on-line through the Wraparound IT System. Projected costs and utilization of services are captured on the SAR.</p>
<p>5. Costs - The cost of providing services for youth/families in Wraparound Milwaukee will be less than the costs for youth in alternative children's mental health and other systems.</p>	<p>Wraparound IT System, system partner data</p>	<p>This will be measured by collecting and pricing out all services and supports provided to the youth and family by Wraparound compared to alternative children's mental health and other systems of care (i.e.- Corrections, RCC Placements, Inpatient).</p>
<p>6. Submission of Evaluation Tools - The evaluation tools that Wraparound Milwaukee utilizes are the Child Behavior Checklist (CBCL) and the Youth Self-Report</p>	<p>The Care Coordinators in collaboration with the youth and family are to complete the evaluation tools. Evaluation tools will be required on every enrollee. Data is entered by Wraparound Support</p>	<p>Evaluation Tools must be completed by the caregiver/youth and submitted to Wraparound by the Care Coordinator at Intake, 6 months, 1 year and annually afterwards and at Disenrollment. Submission</p>

(YSR).	Staff and reports are generated by the Wraparound IT system	compliance is reported 2x's a year on the Care Coordination Agency Performance Report.
7. <u>RCC/Group Home/Day Treatment Pre-Authorization and Re-Authorization Process</u> - All RCC/Group Home placements must be pre-authorized/re-authorized.	Designated Wraparound Milwaukee Management and Contract Staff, Care Coordination Staff and Wraparound IT system	For Day Treatment - Documentation must be submitted into Wraparound for pre-authorization. Renewals or re-authorizations of a Day Treatment placement must be submitted 14 days prior to the expiration date of the current authorization. For RCC/Group Homes - Documentation must be submitted into Wraparound for pre-authorization. Renewals or re-authorizations of a RCC/Group Home placement must be submitted 14 days prior to the expiration date of the current authorization. Compliance is reported 2x's a year on the Care Coordination Agency Performance Report.
8. <u>Timely Submission of Legal Change of Placements, Emergency Change of Placements & Temporary Change of Placement Information</u>	Written notice of a change in a youths living situation must be completed by the Care Coordinator. Wraparound Milwaukee Court Liaisons approve and enter the placement changes into Wraparound's IT system	Emergency Change of Placements must be submitted to Wraparound within 24 hrs. of the change. Legal and Non-emergency Change of Placements must be submitted 14 days prior to the move. This data is reported 2x's a year on the Care Coordination Agency Performance Report.
9. <u>Submission of Team Facilitator Reviews</u> – Facilitator Reviews provide written Supervisory feedback to the Care Coordinator on the Care Coordinator's fidelity to the Child and Family Team and POC meeting process.	Care Coordination agencies submit the Reviews. The Wraparound Milwaukee QA Department tracks the submission. Wraparound Milwaukee Management and Contract staff review the Team Facilitator Reviews	3 Facilitator Reviews per month. Compliance is reported 2x's a year on the Care Coordination Agency Performance Report.

QA/QI OVERSIGHT ACTIVITIES

Indicator	Monitor	Frequency/Measurement
1. <u>Performance Improvement Project (PIP)</u> – A PIP is a mandated State Medicaid Contract report/study that must address either a clinical or administrative topic that the program wishes to further explore in an effort to promote quality improvement.	Wraparound Quality Assurance Department, Wraparound Research Consultant and the State and/or their contracted monitoring Agency	One PIP will be submitted to the State by December 1 st of every year.
2. <u>Wraparound Provider</u>	Monitor: Provider Agencies and	Updates of Agency/Provider

<p><u>Network (WPN) Provider Credentials</u> – Credential requirements are established and maintained on Agencies/Providers servicing the youth and families enrolled in the program based on the service being provided. Agencies/Providers must be licensed or certified as indicated per the State statutes and/or Licensing and Regulatory bodies where appropriate and/or meet Wraparound service–related requirements. Mental health/AODA providers are credentialed utilizing NCQA compliance standards.</p>	<p>Wraparound Milwaukee. Credential requirements are reviewed in conjunction with vendor requests to add direct service providers. This information is kept in the Wraparound Milwaukee IT System. An application process and specific outlined requirements must be met prior to an Agency/Provider being authorized to enter the Network. The Provider Network Enrollment Committee reviews and approves all Provider Applications as outlined or identified in the Provider Network Credentialing and Recredentialing Plan (see Attachment # 3). Mental health/ AODA applicants that meet minimum participation with adverse activity must be approved through the Wraparound Milwaukee Credentialing Committee.</p>	<p>certifications/licenses, etc. occurs on an ongoing basis.</p>
<p>3. <u>Certification Training/Inservices/Workshops</u> - Care Coordinators receive 54 hours of initial training through a curriculum developed by Wraparound Milwaukee. Care Coordinators are then certified by Wraparound Milwaukee to provide Care Coordination services. Care Coordinators/Wraparound Administrators/Providers/- Caregivers/Community Representatives also attend regular meetings, inservices, conferences, workshops, etc., throughout the year.</p>		<p>Care Coordinators must complete the Care Coordination Certification process within six months of hire. Attendance is taken at all trainings/inservices/workshops. Records of all Care Coordinators/individuals that participate in trainings/inservices/workshops are kept on file. Evaluations are distributed at the end of all trainings/inservices/workshops summoning feedback from the participants. Feedback is then utilized to implement change. Attendance compliance with mandatory inservices/trainings is reported 2x”s per year on the Care Coordination Agency Performance Reports. Care Coordination inservices are offered the first Thursday of every month from 1-3p.m.</p> <p>Other trainings/inservices are offered throughout the year as scheduled.</p>
<p>OTHER REVIEW ACTIVITIES</p>		
<p>Indicator</p>	<p>Monitor</p>	<p>Frequency/Measurement</p>
<p>1. <u>Number of Substantiated Complaints and/or Administrative Penalties</u></p>	<p>Wraparound Quality Assurance Department, Wraparound IT System</p>	<p>Outcomes regarding Care Coordination complaints and admin. penalties are reported 2x’s a year on the Care Coordination Agency Performance Report. Complaint outcomes regarding Provider Network agencies are reported as needed and utilized when making</p>

		considerations as to who to audit for the year.
2. <u>Number of Care Coordinator Transfers</u> - The number of times a youth is transferred to a new Care Coordinator either within their own agency or between Care Coordination agencies is monitored.	Wraparound Quality Assurance Department, Wraparound IT System	Outcomes are reported 2x's a year on the Care Coordination Agency Performance Report.
3. <u>Participation in Trainings</u> - The number of Care Coordination agency staff that co-facilitated or planned and facilitated a Wraparound inservice/training is recorded and tracked.	Wraparound Quality Assurance Department, Wraparound IT System	Outcomes are reported 2x's a year on the Care Coordination Agency Performance Report.
4. <u>Number of Staff Departures</u> - The number of Care Coordinator staff that leave an agency will be monitored.	Wraparound Quality Assurance Department, Wraparound IT System	This will be reported on every 6 months on the Care Coordination Agency Performance Reports.