Wyoming Care Management Entity High Fidelity Wraparound Record Review Monitoring Tool

Reviewer's Initials: **Member ID:**

Provider MIS: **Agency MIS: (if applicable, put both provider and agency MIS)**

Question ID	Section Name	Question Text	Question Options	Minimum Performance Threshold	Description/Scoring Guidance	NOTES
Documentation and Observation Requirements						
1	Application Packet	Is there a complete packet in the members file?	Met/Not Met	100% - required items (red) (incomplete packets are returned)	1. If provider receives the first referral - Referral form filled out with family, include entire SS# - May include Choice of Provider form 2. If Magellan received the first referral, Provider notified Magellan within 48 hours if they could accept the member – will not be in members record 3. FCC contacted the family within 3 business days of Magellan notifying them they were selected as FCC– documented in a progress note 4. Choice of Provider Form with parent/guardian signature and initials 5. FCC Checklist completed and signed by FCC 6. Freedom of Choice Statement with signatures 7. Family Rights and Responsibilities with signatures 8. Entire application filled out with parent/guardian signature 9. Release of information as needed (in providers records) 10. Level of Care – licensed clinician signature 11. CASII/ECSII instrument report and score sheet	

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					12. CASII/ECSII attestation – Independent Assessor signature 13. All the application documents uploaded in magellanprovider.com – unless they are applying for the C waiver 14. For transfer cases – the new provider needs to have the Choice of Provider form, redo the Family Rights and Responsibilities, any Release of Information's and email wyclinical@magellanhealth.com	
2	Orientation of Child and Family to CME during the Application Process	Youth and family have enough information to make decision to participate in HFWA, FCC has basic information.	Met / Not Met	100% - required items (red) (part of application)	15. Explain HFWA, the CME as a home and community-based waiver as documented in the Rights and Responsibilities 16. Explained confidentiality and information sharing with the family and youth – documented on the Rights and Responsibilities 17. Checked on need for a crisis plan for stabilization (band aide plan) – noted in a progress note whether needed or not 18. When going through the Family Right and Responsibilities made sure to go over Mandatory Reporting and taught them how to report – and documented on the Rights and Responsibilities page	
3	Assessments	All the relevant assessments completed and used to inform the POC and the SNCD.	Met/Partially Met/Not Met	100% - required items (red)	19. Preference is the FCC sits in on the CASII assessment to gather info and decrease family needing to retell their story 20. CANS Completed with each POC authorization	

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					• The family and team are made aware of the information provided by the CANS and have made an informed choice about what to include on the POC • Areas of concern, needing additional clinical support have been reviewed with the clinical team at Magellan 21. WFI-EZ Survey completed by FCC, FSP, and family at 6 months • WFI-EZ Survey completed by caregiver, (if not, an explanation is given to Magellan) • WFI-EZ survey completed by youth 11 and over (if not, an explanation is given to Magellan) 22. CASII completed annually and FCC ensured that out-of-home youth are evaluated through the CASII and a LOC if youth is leaving PRTF, RTC, Inpatient or Detention (out of community)	
4	Strengths, Needs and Culture Discovery	A family and youth informed SNCD is written in family language and consensus from the team is reached.		100% - required items (red)	23. Completed prior to the first CFT (in magellanprovider.com between days 15 – 30 and then updated as needed until discharge when you update it for the last time 24. Core family members were identified (as defined by the family). 25. Determined family's current status, strengths, needs and culture across at least 4 life domains. 26. Identified the professional staff (including teachers) that are currently working with the family and with consent	

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					from the family (seen in Release of Information) and received input from them on strengths, needs and culture of the family. 27. Identified if custodial agencies are involved with the family. If so, received information from them on the issues related to any legal plans and their input on the strengths, needs and culture of the family. 28. Assisted the family to identify those people and groups (universal services and natural supports) who are important - some will be on the team and some will not. Helped the family decide which. 29. Helped the family make a list of the needs identified by the family across life domains. 30. Supported the family to develop a long range vision of what their life would be like if these needs were met. 31. Supported the family to identify the two or three priority needs they want to address first to reach the long-term vision. 32. When the SNCD is written and updated – noted in a progress note	
	Child and Family Team Meeting - CFT	Team meetings are strength based, inclusive, allow for information sharing so families can make informed decisions		100% - required items (red)	33. Initial CFT held – and then every 1-2 weeks in the first few months and then monthly is considered best practice 34. At minimum - Hold a CFT every 90 days as part of the reauthorization. 35. Engage team members, prep and debrief, with the family invite them to the CFT	

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					36. Arrange meeting logistics – listening to family needs and culture 37. FCC tracked attendees, outcomes and action items resulting from each CFT and documented attendees in a progress note and outcomes and action steps in either the POC or progress note 38. FCC attempted to engage with child's school and PCP in the care planning process as documented in a progress note 39. The youth's guardian must be involved in the CFT and sign all paperwork; if the youth is in DFS custody they need to be involved in the CFT and sign the paperwork.	
5	Plan of Care (POC)	POC is written in a manner to allow for success and positive movement forward.		100% - required items (red)	40. Initial POC developed within 46 calendar days of enrollment and it must be input in magellanprovider.com within a max of 5 calendar days after CFT and before the end of the authorization 41. There is evidence that the people selected by the family were engaged as seen in the Progress Note – where the invitation and whether they attended or not is indicated 42. Every effort was made to include youth 11 and older in CFT's and this effort is documented in POC's and/or progress notes 43. There is evidence that the FCC assisted the family and youth to do introductions of all team members. 44. Reviewed the family vision with the team and facilitated consensus to support the vision.	

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					45. Developed a team mission of how the team will support the family and defined how the team will support the family, work as a team and support achievements. 46. Assisted the family and team to review, amend, reach consensus and prioritize the list of youth and family needs. 47. Reviewed strengths and culture of the youth, family and team that relates to each prioritized need. 48. Led a brainstorming process to identify multiple natural and formal services and support options to address each need. 49. Natural supports have been added to the team and their roles noted in the transition section of the current POC 50. Reviewed the selected options to ensure they include multiple choices that are strengths-based and culturally appropriate. Supported the family to select the best options, using the agreed-on decision making process. 51. Community supports such as MY LIFE have been discussed with the youth and CFT 52. Developed objectives for each identified need with clearly stated measurement strategies. 53. Developed strategies for each selected objective that defines who will do what, when, where, how often and how team members actively participate in plan implementation. 54. FSP, YSP, Respite needs if identified are documented in the current POC in the Needs, Objectives or Strategies, as well as a plan to transition these roles to natural	

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					supports. The additional HFWA roles are listed on the Recommended Services and a Choice of Provider form filled out. 55. For C Waiver youth, Youth and Family Training may be requested for authorization (group work of at least 2 HFWA youth) 56. Evaluate the meeting by asking team members to share their observations about the quality of the meeting process and plan developed, and obtain team suggestions to improve the next meetings. 57. At a minimum, CFT held and POC updated and submitted prior to the end of the authorization. 58. The POC has a signature page with the appropriate signatures – youth is DFS custody must have DFS signatures. 59. Every updated POC is noted in a Progress Note 60. Any barriers to the process have been discussed with the CFT and FCC coach, and or supervisor *61. If services are needed but no providers are available to meet the needs, a case review has been requested with Magellan clinical team* 62. Any changes to placement, such as out of home, have been documented per Magellan's process and discussed prior to placement with the CFT and Magellan. Unless youth needed immediate placement for safety issues then inform the CFT ASAP • If youth is placed OOH, the form must be submitted to Magellan within 24 hours of your being notified.	

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					• When a youth is OOH the CFT needs to coordinate with the placement during HFWA and document it in the POC and progress not 63. When a youth returns home, a return to community form must be submitted to Magellan upon youth's return with date of this action noted. POC must be updated with transition information to reflect these changes and a CASII and LOC completed.	
6	Crisis/Safety Plan	The safety of the youth is assured and the family has a team to support them.		100% - required items (red)	64. Crisis plan in the POC developed within 46 days of enrollment and updated as needed 65. Assist the family, youth and team to identify potential crises or safety situations that need crisis plans 66. The Crisis Plan is informed by the CASII or ECSII, CANS and a comprehensive functional assessment 67. History begins with a brief, clear statement of the crisis behavior or situation: what's worked before, what hasn't worked, the family's strengths and culture that will help them with the crisis. 68. Identify what is the baseline behavior 69. Brainstorm options and develop a prevention plan that defines strategies designed to keep the behavior at baseline 70. Identify the triggers that escalate the situation to an early intervention point 71. Identify external and internal signs the crisis or behavior is beginning (early intervention point).	

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					72. Brainstorm options and develop an *early intervention* strategy that addresses the signs or behaviors that indicate the crisis is beginning and shows ways to deescalate. 73. Identify triggers that move the behavior from the early intervention point to a crisis point 74. Identify external and internal signs of the crisis 75. Brainstorm options and develop a detailed and sequential set of action steps to be followed by the team if the predicted crisis behavior or situation occurs. 76. As part of the crisis action steps include a safety plan if the behavior doesn't de-escalate 77. If at any time there is concern about high risk behaviors such as suicide or homicidal thoughts there needs to be identified behavioral health support. 78. Identify the external and internal signs the crisis is over 79. Brainstorm options to take care of members after the crisis and bringing the team together to identify any lessons learned.	
7	Coordination of Care	POC and Progress notes show the prepping and debriefing of team members.	Met / Partial / NA / Not Met	100% - required items (red)	80. Releases of Information are obtained prior to contact and updated yearly in the provider's files and available for team members. 81. Progress notes reflect the prep and debriefing of team members. 82. Team members were notified of CFT meetings in a timely way, giving at least 2 weeks notice if possible and it was documented in a Progress note.	

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8	Progress Notes	There are thorough notes that help inform the POC and there's documentation of at least the minimum needed contacts		100% - required items (red)	83. The information is specific and objective and reflects the length of the meeting. 84. The time of a contact needs to be written in the Progress Note narrative. 85. The notes document significant information and any possible changes from the norm. 86. The entries were put into the portal in a timely way, within 24 hours is considered best practice 87. The use of abbreviations was kept to a minimum. 88. All the required fields were filled in. 89. Progress and celebrations were documented. 90. Any lack of progress and what is being done to address it is documented. 91. Any contact; who, how and what was covered was documented. 92. Link the progress note to the Needs, Objectives, and Strategies being addressed by the POC. 93. Any new community members or resources that were identified were documented. 94. Each role (FCC/FSP/YSP) have at least two face-to-face contacts per month with the caretaker and youth and 4 phone/email/text contact a month that are at least 8 minutes each (face to face beyond the 2 required can	

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					be substituted for a phone call). All of this should equal at least 18 encounters per role for a 90 day authorization.	
9	Transition	Throughout HFWA continually check on the assessments and movement towards purposeful transition			95. Fill in the transition plan with each updated POC until the family is discharged. 96. If the family has been in HFWA 12+ months, outreach the clinical team for a case review **97.** Throughout the process continue to replace HFWA professional supports with natural supports	
10	Discharge Planning	There is a plan in place to support a family's continued movement forward.		100% - required items (red)	98. High Fidelity Wraparound staff worked with the family to update the CANS, Transition Readiness Score, SNCD, POC, and crisis plan as part of discharging the family. 99. Update the discharge date, which cannot exceed the last covered day of the authorization 100. Supported the family to lead a review of accomplishments, team contributions and gains in transition assets and CANS. 101. Supported the family to identify needs, services and supports that are predicted to continue past formal High Fidelity Wraparound. 102. Supported the family to provide additional information about family and youth and team strengths and culture specific to identified continuing needs 103. A reason for disenrollment is included 104. Created a Discharge plan (POC) to meet continuing needs. This must be put into magellanprovider.com within 5 working days of the discharge date.	

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					105. Supported the family and youth to tailor the HFWA process to their preference for ongoing support after graduation from formal HFWA. 106. Based on family preferences, work with the team to design and carry out a culturally appropriate commencement celebration. 107. Email the Magellan Program Director any good news and celebrations	
11	As Needed Documentation	Documentation in member case file: Flex Fund Out of Home Placement Return to Community Current youth medication Critical Incident Reports	Met / Partial / NA / Not Met	100% - required items (red)	108. Guidelines provided by Magellan in Wyoming have been followed 109. Complete all documentation thoroughly 110. Complete flex fund requests as directed on the form and directions 111. Email the Magellan Program Director with a follow up on the flex funds 112. Provider of Choice filled out at the application phase and whenever a family and CFT choose to add a HFWA role and the tasks and duties need to be assigned in the POC Domains and add to the Recommended Services page 113. Evidence in a progress note or POC team notes that the CFT considered whom is the person to sign documents when a youth reached the age of majority or if there was a change of placement. 114. Work with the team to consider whether the Needs and Objective need to change when a member is close to the age of majority and have they been connected to adult resources.	

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					115. As required by the 1915B and C Waivers all Critical Incidents must be reported to Magellan. Follow the directions on the Incident Report that can be found at magellanprovider.com.	

Contractual						
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12	Staff Qualifications	Do the providers meet the basic qualifications?	Met/Not Met	100% - required items (red)	116. Certification/Recertification 117. Background Checks 118. Provider Qualifications (FCC, FSP, YSP)	
13	Staff Ratio	Are the providers at or below the required ratio?	Met/Not Met	100% - required items (red)	119. FCC and FSP can only have a total of 10 members 120. YSP 1:25 121. Respite: To be determined	
14	CMS Standards	Are the providers meeting CMS 1500 documentation standards?	Met/Not Met	100% - required items (red)	122. Evidence of meeting the CMS 1500 documentation standards	

- **Red Writing = information that is required. If it's not met there may be a possible non-authorization and/or a possible repayment of funds if there are SIU findings**
- **Black Writing = information that is important to the clinical team and the certification/recertification teams, concerns could lead to a quality review of records.**

- **A quality review of records could happen at any time.**

Possible consequences when a review is completed could include a range of improvement plans up to termination from the network.