

Wyoming's Process

March 1st, 2021



Magellan
HEALTH[®]

The slide features several decorative triangles: a large magenta triangle pointing up, a blue triangle pointing down, a small green triangle pointing up, and an orange triangle pointing down.



About FidelityEHR

- ❑ Created by Behavioral Health Professionals for Behavioral Health Transformation and Alignment with the Field, both Wraparound and Motivational Interviewing

Improved Behavioral Health Outcomes & Evidence Based Architectural Design

- ❑ Development Supported by the National Institute of Mental Health
- ❑ Demonstrated Outcome Improvement and Lower Costs
- ❑ Why has WY decided to use FidelityEHR



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(ctrl – click the page number to go to a section
ctrl-click on the  to come back to the index)



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FidelityEHR Training Support

For Support in using FidelityEHR please outreach your Magellan of Wyoming team.

Sharon Weber – sweber@magellanhealth.com

Shelli Stewart - wyprowider@magellanhealth.com





Login and Set-Up



Accessing The FidelityEHR System

- Browser Selection, Google Chrome is the preferred browser for FidelityEHR
- Mark <https://my.fidelityehr.com> as a favorite

Welcome back! Please login below.

Login

[Forgot Password?](#)



Login and Set-Up

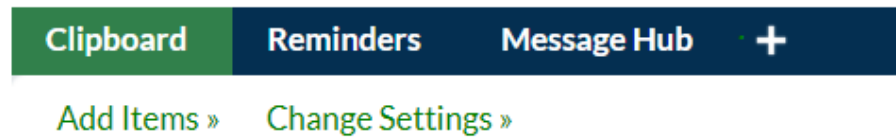
Managing your User Settings

- Here you can edit your User Settings including:
 - Name, Email Address, Phone Number, Address
 - Add/Change a Security Question
 - Change Your Password
 - Log out of the FidelityEHR Platform



Program Directors will need to also sign the Contact Notes

Add Unsigned Contact Notes to the Home Page -

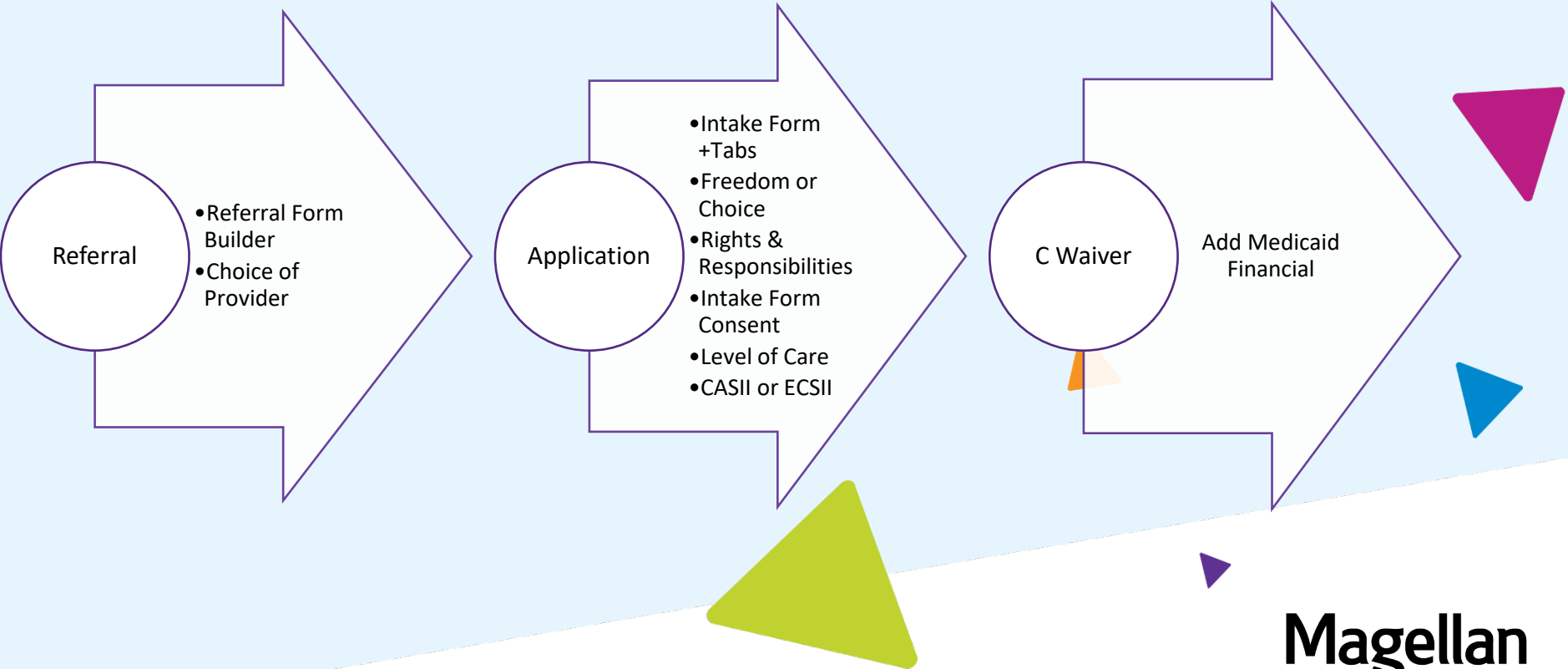


Member Enrollment

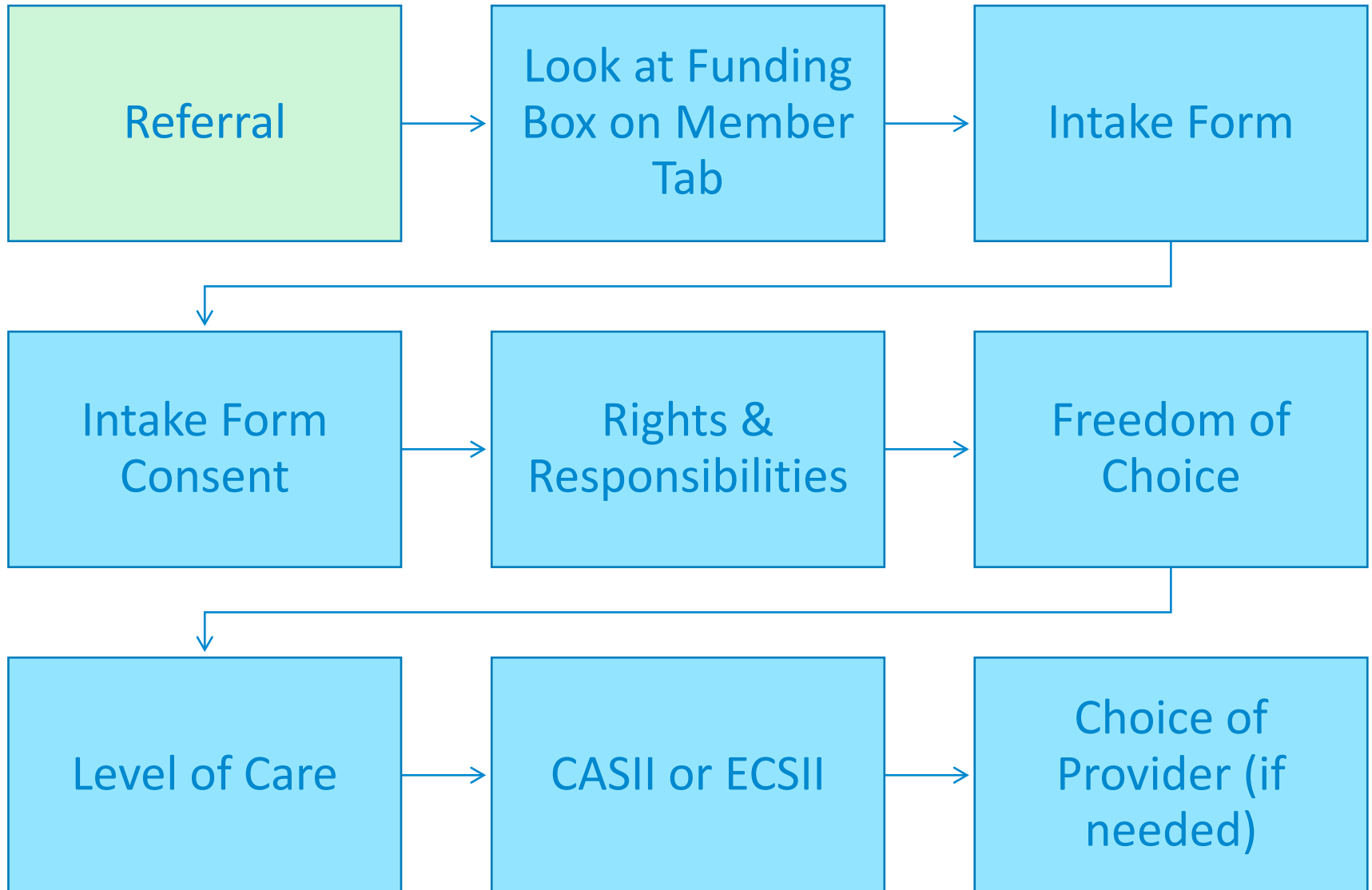


Referral

Prior-Authorization for Application Process



Member Enrollment - Overview



Referral *Received by Provider*



- Log into FidelityEHR
- On your clipboard go to Quick Links
- Click on Add a New Member Record



Clipboard Reminders Message Hub +

Add Items » Change Settings »

Unsigned Contact Notes

Refresh

No Records Found!

Quick Links Edit

Version: Administrator

Member, Family, Team

- Add a New Member Record
- Find a Member Record
- Add/Edit Progress Notes/Contacts
- Add/Update Plan Of Care for Member
- Add/Review Assessment(s) for Member
- View/Print Team Meeting Worksheet
- Add/Edit Team Meeting Notes

Configuration Setup

- Service Provider
- Organization
- User
- Non-User

Referral *Received by Provider* – Use Referral Form Builder

A screenshot of a mobile application dialog box. The dialog box has a white background and rounded corners, set against a grey background. The text inside the dialog box reads: "Would you like to Add a New Record using a Referral Form Builder?". Below the text are two dark blue buttons with white text: "Yes" and "No". A large, thick blue arrow points from the bottom left towards the "Yes" button. The dialog box is partially framed by a grey border, with some text visible at the top and bottom edges: "Middle Initial." at the top and "Input" at the bottom.

Referral *Received by Provider* – Referral Form



Referral Builder - New Member Record Print/View Blank Form

* First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>	* Last Name:	<input type="text"/>
* Gender:	Select <input type="button" value="v"/>	Preferred Name:	<input type="text"/>		
Gender Identity:	Select <input type="button" value="v"/>	If Other Identity:	<input type="text"/>		
Personal Pronoun:	Select <input type="button" value="v"/>	If Other Pronoun:	<input type="text"/>		
Sexual Orientation:	Select <input type="button" value="v"/>	If Other Orientation:	<input type="text"/>		
Case Number:	<input type="text"/>				
* Race:	Please Select one or more <input type="button" value="v"/>				

- Fill in every field that has a * red asterisk
- Anything else you know and fill in will populate throughout the record
- A printable form can be found in the top Right corner
- Work with the family to check the youth's Medicaid Number by calling the IVR phone line and using the youth's date of birth and Social Security Number.
- It is possible for a youth to have more than one Medicaid number. Searching by date of birth and social security number will help you to isolate the correct/valid Medicaid ID.

Referral Received by Provider – Save

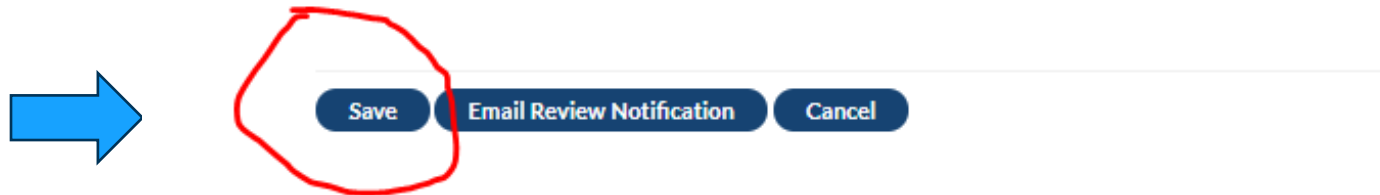


- Emails are important – if there isn't an email use unknown@FidelityEHR.com
- If you don't have a Medicaid Number yet – use **N00000000**
- Emergency Contact – who is it for the family?
- **Save the Referral but do not Email the referral yet.**

Has the member ever been in any out-of-home placement (not including respite care?) Yes No

Has the member ever been in a residential placement? Yes No

Is the member at risk of a residential placement? Yes No



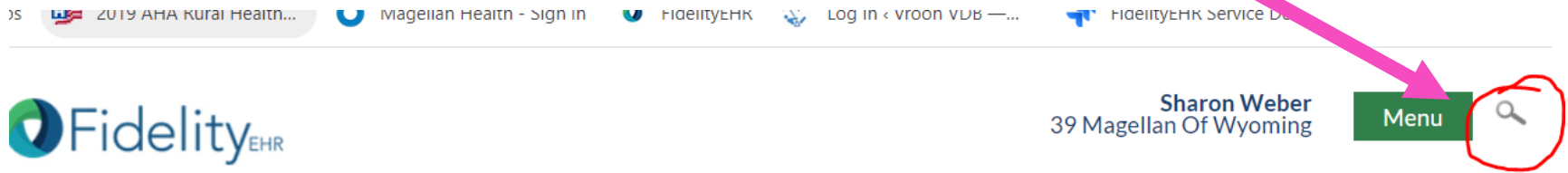
This will auto generate a Client ID for the record but not a Case Number

Where to find the Client ID Number



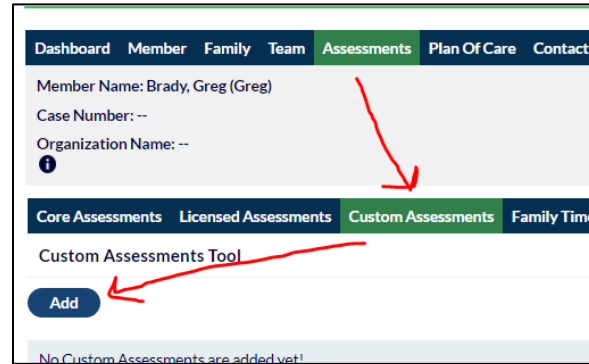
After you clicked save – for the Referral Builder, you can search for that youth and find the Client ID Number. This is what you put in the body of the email to wyclinical@magellanhealth.com for review of a Referral, Application, Prior Authorization and Discharge. This is not the same as the Custom ID on the Member>Demographics page.

You find it by clicking the magnifying glass next to the Menu button and searching for that youth.



Configuration	Case #	Last Name	First Name	MI	DOB	SSN	Client ID
39 Magellan UAT TEST ONLY		Testcase	Example		1/1/2005	001-11-0000	112865
39 Magellan Of Wyoming		Testcase	Juanita		1/1/2001		112899

But Wait! Don't Forget the Choice of Provider Form!



Assessments > Custom Assessments > Add > Choice of Provider

Then SAVE > Signatures

A screenshot of a form titled 'Choice of Provider'. It contains three identical rows, each with a 'Date Signed:' field and a note 'Date will be populated upon saving of signature'. Below each row are three buttons: 'Save Signature', 'Delete Signature', and 'Use Signature Pad'. At the bottom right of the form are two buttons: 'Save and Close' and 'Save'. At the bottom center is a button: 'Go Back To Member Record'.

IMPORTANT!

Support the family to choose an Independent Assessor contact them, then list their Qualified Mental health Professional (counselor, therapist, doctor, etc) including email addresses. Magellan will then give the IA access to the record for 7 days to complete documentation in Fidelity. **Have the Mental Health Professional fill out the paper form (found on the Magellan website) and upload in the Documents Tab**



Independent Assessors



New referrals – The FCC will contact the IA for availability and then put them on the Provider of Choice form and the clinical team will give them access for 7 days

For annual CASII's the FCC will contact the IA set up an appointment and include them as a team member.

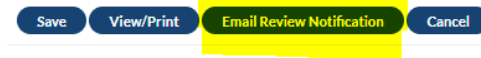
You will be able to access the CASII or ECSII under Assessments > Custom Assessments

Finish the Referral



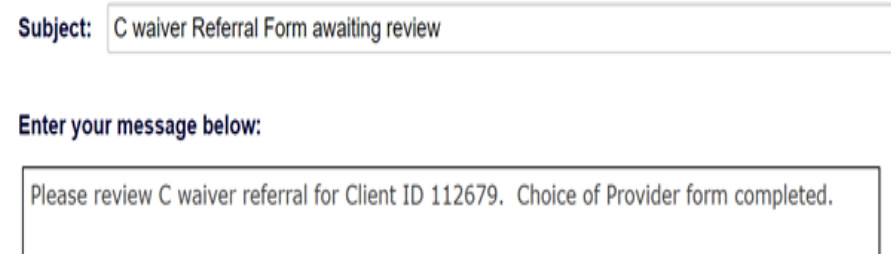
A screenshot of a web application interface. At the top, a dark blue navigation bar contains several menu items: Dashboard, Member (highlighted in green), Family, Team, Assessments, Plan Of Care, and Contacts/Se... Below this, a light gray area displays member information: Member Name: Brady, Greg (Greg), Organization Name: --, and Case Number: --. A purple arrow points down from the top of the page to the 'Member' menu item. Another purple arrow points down from the 'Intake Form' menu item in the bottom navigation bar. The bottom navigation bar is dark blue and contains: Demographics, School, Language/Insurance, Custody, Intake Form (highlighted in yellow), and a partially visible item.

- You finish a referral by checking the Intake Form to make sure the Referral populated to the Intake Form **AND add the Social Security Number!**
- Then go to the bottom and email it to wyclinical@magellanhealth.com (DO NOT include a copy of Referral Form as an Attachment)



A horizontal bar containing four buttons: Save, View/Print, Email Review Notification (highlighted in yellow), and Cancel.

In the Subject line put
B waiver Member Referral Form awaiting review *or* C waiver Member Referral Form awaiting review. Please include The client # from Fidelity in the email body



An email composition form. The 'Subject:' field contains the text 'C waiver Referral Form awaiting review'. Below the subject field is a text area labeled 'Enter your message below:' containing the text 'Please review C waiver referral for Client ID 112679. Choice of Provider form completed.'



Magellan Receives the Referral

YAY! LESS FOR YOU TO DO!!

You have been chosen!!!



If Magellan receives the referral, we will fill out the Referral Form Builder

Magellan will contact the provider chosen by the family to make sure they have availability. We need to hear within 2 business days, or we will help the family choose another provider.

Contact the family within 3 business days and write a Contact Note. You will check the information on the Intake Form, complete a Choice of Provider, and no more is needed for a referral

Have the family fill out at Choice of Provider form including the Independent Assessor and Qualified Mental Health Professional and everyone signs it. *For C Waiver don't forget to add the FSP YSP who will be the Youth and Family Training Service Provider*

Application Process



THIS WILL BE SEVEN (7) DAYS

TIME PERIOD TO SUPPORT THE FAMILY IN
FILLING OUT THE PAPERWORK TO BE ENROLLED
IN WRAPAROUND



Application Process – *Overview*



After Magellan receives the *Referral* and the *Choice of Provider*, it will be reviewed within 2 business days and you will be notified to either update it or you will be sent a message in the Message Hub that a Prior-Authorization has begun for the 7-day Application Period. And you will see the youth on your Clipboard

During this 7 days support the family in attending the appointment with the Independent Assessor and sit in on the interview for the CASII

Contact the Qualified Mental Health Professional and check on any barriers to filling out the Level of Care

You and the family will fill out the Fidelity tabs under the Member - including the Intake Form

All documents need to be completed within 7 days.

Email from the **Intake Form** to wyclinical@magellanhealth.com through FidelityEHR after confirming all documentation is complete. (include Client ID# on subject line)

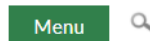
Application Process – *Find a record*

Finding the Intake Form for a member in any of the 3 spots below

- Menu > Enrollment > Existing Member Record
- Quick Links > Find a Member Record
- Client Records > Member Name
- Use of the magnifying glass to the R of Menu



Sharon Weber
39 Magellan Wyoming Implementation



[Add Items >](#) [Change Settings >](#)

Unsigned Contact Notes Edit

Refresh

No Records Found!

Quick Links Edit

Version: Administrator

Member, Family, Team

- [Add a New Member Record](#)
- [Find a Member Record](#)
- [Add/Edit Progress Notes/Contacts](#)
- [Add/Update Plan Of Care for Member](#)
- [Add/Review Assessment\(s\) for Member](#)
- [View/Print Team Meeting Worksheet](#)
- [Add/Edit Team Meeting Notes](#)

Configuration Setup

- [Service Provider](#)
- [Organization](#)
- ..

Client Records Edit

Version: Administrator

[Sort](#) [Clear Filter](#) [Clear Sort](#)

Name	Case Number	Facilitator	Organization Name	Status
Brady, Greg				Pending
Brown, Sandra				Pending
Case, Thea				Pending



Application Process – *Funding Status*



Member > Demographics > Funding > *See Funding Status*

Dashboard Member Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Additional Services Doc

Member Name: Brown, Sandra (Sandy)
Organization Name: --
Case Number: --

Demographics School Language/Insurance Custody Intake Form



* Date of Birth: Age: 17 Medicaid Number: ⓘ

* Street 1: Street 2: Funding: ⓘ

[View Funding Details](#)

When the referral has been reviewed the FCC will receive a message about whether it's complete or needs work in the Message Hub.

Also - Check the Plan of Care – if the referral was complete and you have a Prior Authorization to start the application there will be a Plan of Care placeholder that will read, “Magellan Application Period”

Application Process – *Intake Form*



Member > Intake Form

Dashboard Member Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Additional Services Documents

Member Name: Brown, Sandra (Sandy) Organization Name: -- Case Number: --

Work Flow

Demographics School Language/Insurance Custody Intake Form

Demographics

* First Name: Sandra Middle Initial: Last Name: Brown

Talk with the family about how they want to work on getting forms completed, then support them to finish answering anything not already filled in. Remember a * has to be filled but anything else that's answered will populate throughout the record.

If you and the family haven't verified the youth's Medicaid Number please do that now - guide them to do this every month.

Click **Save** at the bottom of the page

Application Process - *Custody*



Member > Custody > Add > Fill in details

The screenshot shows a web application interface. At the top, a blue navigation bar contains the text "Member > Custody > Add > Fill in details". Below this is a dark blue header with tabs: "Dashboard", "Member", "Family", "Team", "Assessments", "Plan Of Care", "Contacts/Service Notes", "Critical Incidents", "Additional Services", and "Documents". The "Member" tab is selected. Below the header, there is a form with fields for "Member Name: Brown, Sandra (Sandy)", "Organization Name: --", and "Case Number: --". A "Work Flow" button is on the right. Below this is another dark blue header with tabs: "Demographic", "School", "Language/Insurance", "Custody", and "Intake Form". The "Custody" tab is selected. Below this, there is a section for "Custody Status" with an "Add" button. At the bottom, a light gray box contains the text "No Custody Status added yet!". Three pink arrows point from the blue navigation bar to the "Member" tab, the "Custody" tab, and the "Add" button.

Current Custody Start Date = date they began the application

Custody End Date – do not fill out unless placement changes (see next slide)

Placement Period – indicates whether in a community setting or out of home

Reason for Change in Custody –please pick “Initial POC” for the first time you fill in custody status

Drop downs for Current Living Environment change depending on Custody Status

Out of Home or Return to Community



Dashboard **Member** Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Additional Services Documents

Member Name: Henderson, DeAndre-Example Work Flow

Organization Name: --

Case Number: --

Demographics School Language/Insurance **Custody** Intake Form

According to Medicaid Rules members can only be enrolled in HFWA and be in an out-of-community placement for a total of 180 days (120 days on the front end and 60 days on the tail end). Magellan with the help and support of the providers tracks the time out of the community. To track this, we will utilize the Custody Tab.

At intake enter the current custody and placement. Do not enter an end date at this time. If the youth is placed out the community – put in the end date and add a new Custody situation. *See below – first they were in the community and second time they were in Out of Home*

Add

Custody Status	Living Environment	Placement Period	Start Date	End Date	Duration	Reason for Change	Edit	Delete
Legal Custody of DFS	Other	Out of Home Placement - Update Plan of Care	10/15/2020		8 Weeks, 5 days	Functional Impairment	Edit	Delete
Legal Custody of DFS	Split - Custodial Caretaker/Foster Care	Home and Community-based Placement	09/04/2020	10/14/2020	5 Weeks, 6 days	Other	Edit	Delete

2
1

Application Process – *Language/Insurance*



Member > Language/Insurance > Add > *fill in information*

Information enter previously on the Referral Form or the Intake Form will fill in for the Language Information. If there is a need for and interpreter or translator, the clinical team will make the “Interpretation Services Form” available in Custom Assessments

At the bottom of the form please double check the Medicaid renewal date by supporting the family to call 1-855-294-2127 (they renew their Medicaid paperwork every year)

If the member does not have Medicaid – support the family to fill out the Medicaid Financial Application (<https://health.wyo.gov/healthcarefin/medicaid/>)

SAVE

Member Insurance Information:

Does the member have Medicaid? ⓘ Yes No

Start Date:

End Date:

Save

Application Process - *School*



Member > School > Add > *fill in information*

The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following tabs: Dashboard, Member, Family, Team, Assessments, Plan Of Care, and Contacts/Service. Below the navigation bar, the 'Member' tab is active, displaying the following information: Member Name: Brown, Sandra (Sandy), Organization Name: --, and Case Number: --. Below this information, there is another dark blue navigation bar with the following tabs: Demographics, School, Language/Insurance, Custody, and Intake Form. The 'School' tab is active, displaying the text 'School/School Placement' and a blue 'Add' button.

Start Date – start of the school year or if they move schools the date they started the new school

School Contact Details - the school address and phone number (if it's important for this family)

School Contact – who is the primary contact? Please put their role after their last name

Application Process - *Demographics*



Member > Demographics > *fill in information*

Dashboard Member Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Additional Services Documents

Member Name: Brown, Sandra (Sandy)
Organization Name: --
Case Number

Demographics School Language/Insurance Custody Intake Form

- Anything with a * has to be answered, the rest can be helpful and will populate to other forms.
- The Custom ID – Do not fill it in.

Fill in the Family and Team Tabs



Dashboard **Member** Family Team Assessments Plan Of Care Contacts/Service

Member Name: Brown, Sandra (Sandy)
Organization Name: --
Case Number: --

Demographics **School** Language/Insurance Custody Intake Form

School/School Placement

Add

Family Members Tab

Family Members

- All parents/guardians added at time of referral will appear
- Always add any new family members here
- All family members automatically get added to the Team



Dashboard Member **Family** Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Additional Services Documents

Member Name: Dog, Baxton J. (Bax) Organization Name: -- Case Number: -- [Work Flow](#)

Demographics School Language/Insurance Custody Intake Form

Member Information

* First Name: Middle Initial: * Last Name:

Preferred Name: Case Number:

* Gender:

Gender Identity: If Other Identity:

Personal Pronoun: If Other Pronoun:

Building a Team



Team Members –begin from the beginning 😊

- The youth and all family members will appear on the team
- Family Care Coordinators will add additional team members here, including the FSP or YSP
 - Users (People with a FidelityEHR Login)
 - Non-Users (other team members that you can create access for)
 - Family
 - Click Non-User > Add Non-User > Fill in > they are added to the Team Member Name List > Select them from the drop down list and **Save**
 - You should see WYClinical and your coach as a part of every team. Having WYClinical on Teams allows FCCs to submit POCs to WYClinical for review. It also allows WYClinical to complete additional administrative tasks.

ADD TEAM MEMBER

Client Name: Bonds, Bobby

* Team Member Name:

* Team Member Group: User Non-User Family Member [Add Non-User](#)

* Start Date:

End Date:

Organization:

* Team Member Role:

* Team Member Type: Formal Informal

Team Member Status:



Application Process – *additional documents*

Assessments > Custom Assessments > Add > *fill out documents*

Dashboard Member Family Team **Assessments** Plan Of Care Contacts/Service Notes Critical Incidents Ad

Member Name: Brown, Sandra (Sandy)
Case Number: --
Organization Name: --
i

Core Assessments Licensed Assessments **Custom Assessments** Family Timeline Wrap Fidelity

Custom Assessments Tool

Add

Assessments	Date Added	LastUpdated	Status	Contact I
Choice of Provider	11/24/2020	11/24/2020	Signed 3/3	--

Note – Choice of Provider that was completed at Referral is already present – if nothing has changed it's considered complete

Complete: Intake Form Consent, Rights and Responsibilities, Freedom of Choice, Choice of Provider (if needed)

Check on: Clinical Level of Care Assessment (by Qualified Mental Health Professional), CASII

Work Flow



On the top right side of your screen, you'll see a Work Flow button. Magellan is in the process of creating option, so you have a checklist of what is and isn't done

allan Health - Sign In FidelityEHR Log In < Vroon VDB —... FidelityEHR Service Des... Dentist in Laramie, WY |...

Work Flow

ProjectWideAdmin

64%

TASKS	COMPLETED	LAST UPDATED
Application		
Intake Form	✓	02/24/2021
Choice of Providers Form		
Freedom of Choice Statement		
Family Rights and Responsibilities Signature	✓	02/26/2021
Release of Information Form	✓	02/26/2021
Application Assessments		
Clinical Level of Care	✓	02/25/2021
CASII		
ECSII (if applicable)		
Release of Information by each provider	1	02/24/2021
Family Care Coordinator		
Family Care Coordinator Application and Enrollment Checklist	✓	02/24/2021
Complete Application		
Mark Application Complete	✓	02/24/2021

Sharon Weber
Magellan Of Wyoming

Menu

Documents

Work Flow

Application Process – Intake Form Consent

Intake Form Consent

Agreements
1. I agree to participate in assessments, screenings to determine eligibility and the need for Care Management Entity services.
<input checked="" type="radio"/> Yes <input type="radio"/> No
2. I authorize the release of information by my physician, hospital, community mental health center, other social service providers, school, health service providers and family members to and among State agencies and their agents on my child's medical condition and other relevant information necessary to determine appropriate home and community-based services for the Care Management Entity.
<input checked="" type="radio"/> Yes <input type="radio"/> No
3. I understand I may revoke this release of information in writing at any time.
<input checked="" type="radio"/> Yes <input type="radio"/> No

SAVE > Signatures

Signature Pad for a new signature

Save Signature - works for the person who is logged in to Fidelity

Standard Calculation:	
Sandra Brown	*Member

Date Signed:
Date will be populated upon saving of signature

Date Signed:
Date will be populated upon saving of signature

Brown, Sandra	*Member	Signed	Nov 25 2020 7:57PM
Brown, Sharon	Family	Unsigned	
Brown, George	Family	Unsigned	

Application Process – *Freedom of Choice*



This is a good time to talk about the goal of the process is to support the family in keeping the youth in the community

Please make sure you're aware of the family's choice on service delivery

Services Available (I/my youth have been given the choice to- Access State Amendment Waiver services in our home and in community-based settings (High Fidelity Wraparound) OR for my youth to be admitted to the hospital I understand that the cost of home and community-based waiver services must meet the waiver requirement of being cost-effective.)

1. I/my youth have chosen to receive State Amendment Waiver services (High Fidelity Wraparound) rather than services in a hospital setting. I have been told of my right to choose any certified waiver provider for these services.

Yes No

They can't both be yes

2. I/my youth have chosen to receive services in a hospital setting

Yes No

3. I received training on my rights and understand the process for instances of abuse, neglect, and exploitation.

Yes No

Service Delivery Options

1. Please select all service delivery options that you would like

In Person (Face to Face) Telehealth Combination

Application Process – *Rights and Responsibilities*



Take some time with this document.

- It's a great spot to have conversations about a family's Rights and Responsibilities
- Your boundaries
- The intensity of the process – that each provider will be meeting and supporting the family and team 2-3 hours a week

When you go back to the member record you will see the completed documents under the Custom Assessments Tab

Assessments	Date Added	LastUpdated	Status	Contact Note	Review	Actions Available
Choice of Provider	11/24/2020	11/24/2020	Signed 3/3	--	Review	Edit Delete View/Print
Freedom of Choice	11/25/2020	11/25/2020		--	Review	Edit Delete View/Print
Intake Form Consent	11/25/2020	11/25/2020	Signed 1/3	--	Review	Edit Delete View/Print
Rights and Responsibilities	11/25/2020	11/25/2020	Signed 3/4	--	Review	Edit Delete View/Print

Application Process – *Double Down!!*



Double check each of the pages for complete and accurate information
Double check for signatures

An incomplete application will be sent back to be completed and when it comes back it's at the bottom of the que. This can mess with your Authorization which we don't want and you don't want.

Member > Intake Form > Email Review Notification > Compose Email > Send

From:	Weber Sharon (no-reply@fidelityehr.com)
To:	<input type="text" value="sweber@magellanhealth.com"/>
CC:	<input type="text"/>
Subject:	<input type="text" value="Member Referral Form awaiting review"/>
Attached:	SchoolReferralForm11/25/2020 9:28:25 PM.pdf
Enter your message below:	
<input type="text" value="The complete application is now done and ready for review"/>	
<input type="button" value="Send Email"/>	



Change the Subject line: **_B or C_** Waiver application to be review Client ID# _____

C Waiver



For a C Waiver this will include the Medicaid Financial Form which you will upload under the Documents Tab - Contact your supervisor, coach or Magellan for instructions on filling it out.



Dashboard Member Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Additional Services Documents

Member Name: Brown, Sandra (Sandy)
Case Number: --
Organization Name: --

Work Flow

STEP 1 Tell us about yourself.

(We need one adult in the family to be the contact person for your application.)

1. First name, Middle name, Last name, & suffix
2. Home address (Leave blank if you don't have one) 3. Apartment or suite number
4. City 5. State 6. ZIP code 7. County
8. Mailing address (if different from home address) 9. Apartment or suite number
10. City 11. State 12. ZIP code 13. County
14. Phone number 15. Other phone number
16. Do you need to get information about this application by email? Yes No
Email address
17. Preferred spoken or written language (if not English)

STEP 2 Tell us about your family.

Who do you need to include on this application?
Tell us about all the family members who live with you, if you file taxes, we need to know about everyone on your tax return. (This doesn't need to be taxes for health coverage.)

WHO INCLUDE:

- Yourself
- Your spouse
- Your children under 21 who live with you
- Your unmarried partner who needs health coverage
- Anyone you include on your tax return, even if they don't live with you
- Anyone under 21 who you take care of and live with you

WHO DON'T HAVE TO BE INCLUDED:

- Your unmarried partner who doesn't need health coverage
- Your unmarried partner's children
- Your dependent who live with you, but file their own tax return (if you're over 21)
- Other adult relatives who file their own tax return

The amount of assistance or type of program you qualify for depends on the number of people in your family and their incomes. This information helps us figure out everyone gets the best coverage they can.

GRANTABLE: If you are applying for health benefits, from both yourself and other adults and children, if you need more than 21 people in your family, you'll need to make a copy of the pages and attach them. You don't need to provide information about a Social Security Number (SSN) for family members who don't need health coverage, but it may all the information you provide private and secure as required by law. We'll use personal information only to check if you're eligible for health coverage.

NEED HELP WITH YOUR APPLICATION? Visit www.mhhs.com or call us at 1-800-294-2327. Press 0 to see the application on Spanish, French or Chinese. If you need help in a language other than English, call 1-800-294-2327 or visit the customer service representative for the language you need. They can help you with all the steps for you. They cannot assist with a Social Security Number.

Page 1 of 10

STEP 2: PERSON 1 (Start with yourself)

Complete Step 2 for yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return as you. Do not enter 0 for those information about who to include. Leave blank for a spouse/partner who will not be filing.

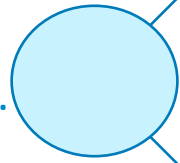
1. First name, Middle name, Last name, & Suffix 2. Relationship to you
3. Date of birth (mm/dd/yyyy) 4. Sex Male Female 5. SSN
6. Social Security number (SSN)
Who don't file if you need health coverage when SSN: Don't enter your SSN on the form if you don't need health coverage for you or can't get on the application process. We use SSN to check income and other information to see who's eligible for health and health coverage. If someone wants to get on the SSN, call 1-800-294-2327 or visit www.mhhs.com.

7. Are you applying for this Medicaid/coverage for someone other than yourself?
a. If yes, how many people are expected during this coverage?
b. If yes, please list the expected delivery date.

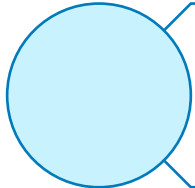
8. Do you need health coverage?

- The C Waiver is for youth who do not have a current Medicaid ID number
- Qualifications are based on the youth's income, not the guardians
- In 2019 the monthly income level is \$2,313 and the Asset limit is \$2,000
- Next steps – business decisions will need to be made on whether you spend time with the family as the state will need some time to complete the financial qualification and you are not paid during this time

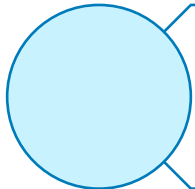
Application Process – Review



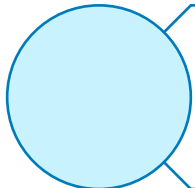
When you send the Application to Review email this signals Magellan that you believe the intake is complete and ready to be reviewed



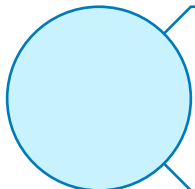
A prior authorization will be issued from the date of your email if the application is complete and will be for *46 days*.



Your notification could take up to 14 days



You will know when a youth is authorized by the date of the Funding Detail on the Demographics page and by seeing the Magellan Administrative Plan of Care (no details)



If you feel confident the application is complete move to the Assessments (SNCD, CANS, ACE)

Youth is Now Enrolled! Prior Authorization

FORTY-SIX (46) DAYS

COMPLETE: ASSESSMENTS - CRISIS
PLANNING - CHILD AND FAMILY TEAM
MEETING - FIRST PLAN OF CARE

Magellan
HEALTH®

Adding Client Portal Users



Member > Demographics > Client Portal Logins

Entered By: Weber, Sharon
Date Record Created: 11/24/2020
Last Edited On: 11/24/2020

Education Placement: FY 20-21, Washington Alternative High School, Grade: 11, General Education
Legal Guardian: Sharon Brown (Birth Mother), George Brown (Birth Father)
Primary Caregiver: Sharon Brown (Birth Mother), George Brown (Birth Father)
Custody Status: Custody of both parents (bio or adoptive); Home with both parents
Enrollment Status: Pending, 11/24/2020, 0 Weeks, 0 days
Facilitator:
Preferred Language: English
Wraparound Phase: Phase 1: Engagement, 11/24/2020, 0 Weeks, 0 days

Client Portal Logins Client Portal Enrollment Save Cancel

Add/Edit Client Portal Login

Client / Team Member: select

* First Name / MI: Sandy

* Last Name: Brown

Highest Degree Achieved: select

* Email: jed3626@hotmail.com

Phone 1: (307) 111-1111 Cell
 This number can receive text messages

Phone 2: () - - - - Select
 This number can receive text messages

* User Name: SBrownWY
[Check Availability](#)

* Password: ●●●●●● ⓘ

* Re-Type Password: ●●●●●●

* Role: Client

Save Save and Return Back to Member Record Cancel

Take a moment to add the youth and caregivers, team members through the Client Portal Users. They can then log in. When you're done click SAVE to activate their account.

Multiple Portal Sign Ins for Client/Team Portal Users



For Team members with multiple youth enrolled, ex. Parents/ Guardians/ Foster of siblings, DFS case workers, Please do the following.

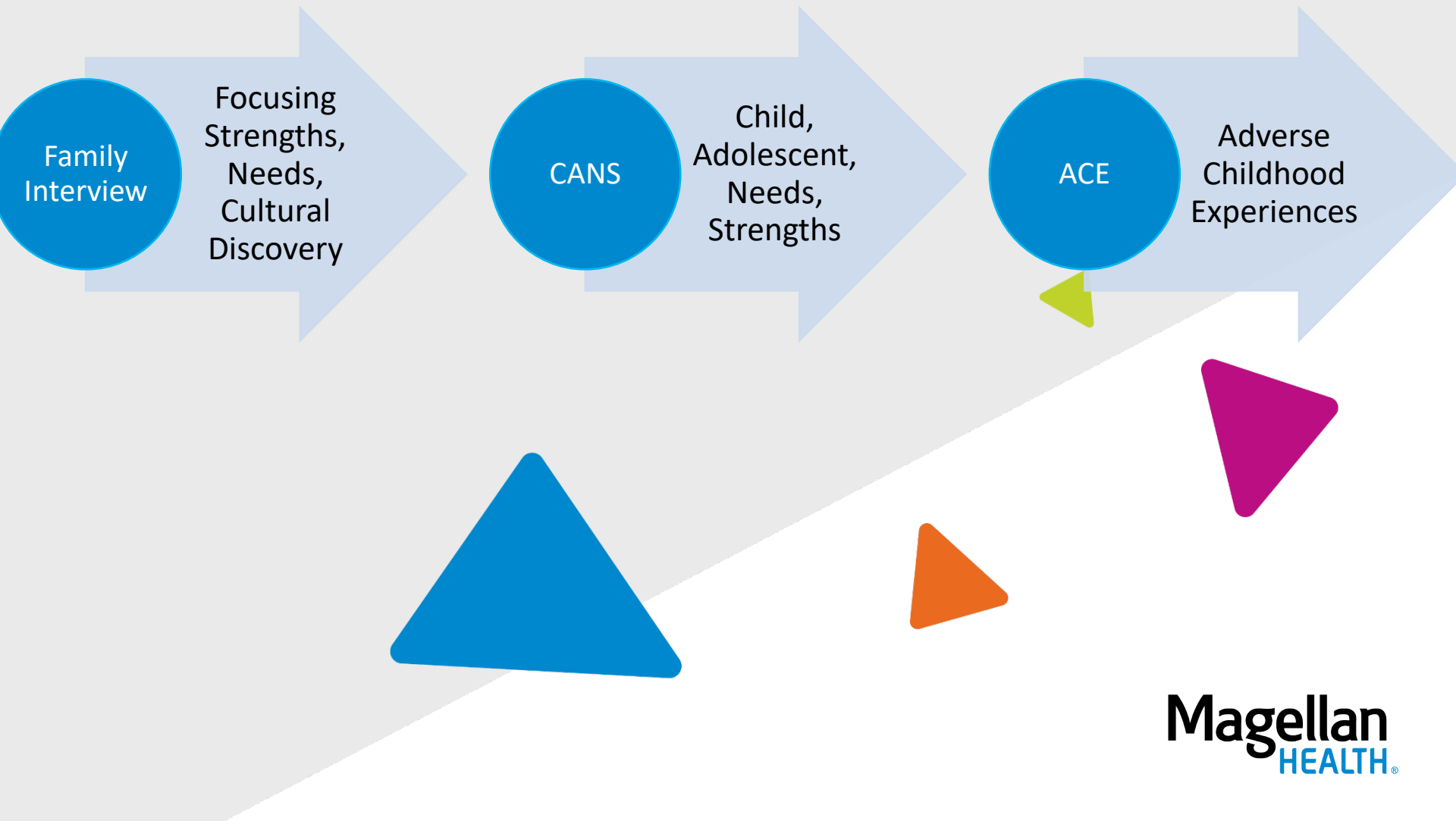
The first time they are on a team put in their regular email address

Any further teams put the email address in as unknown@fidelityehr.com and they will need a new User Name and Password

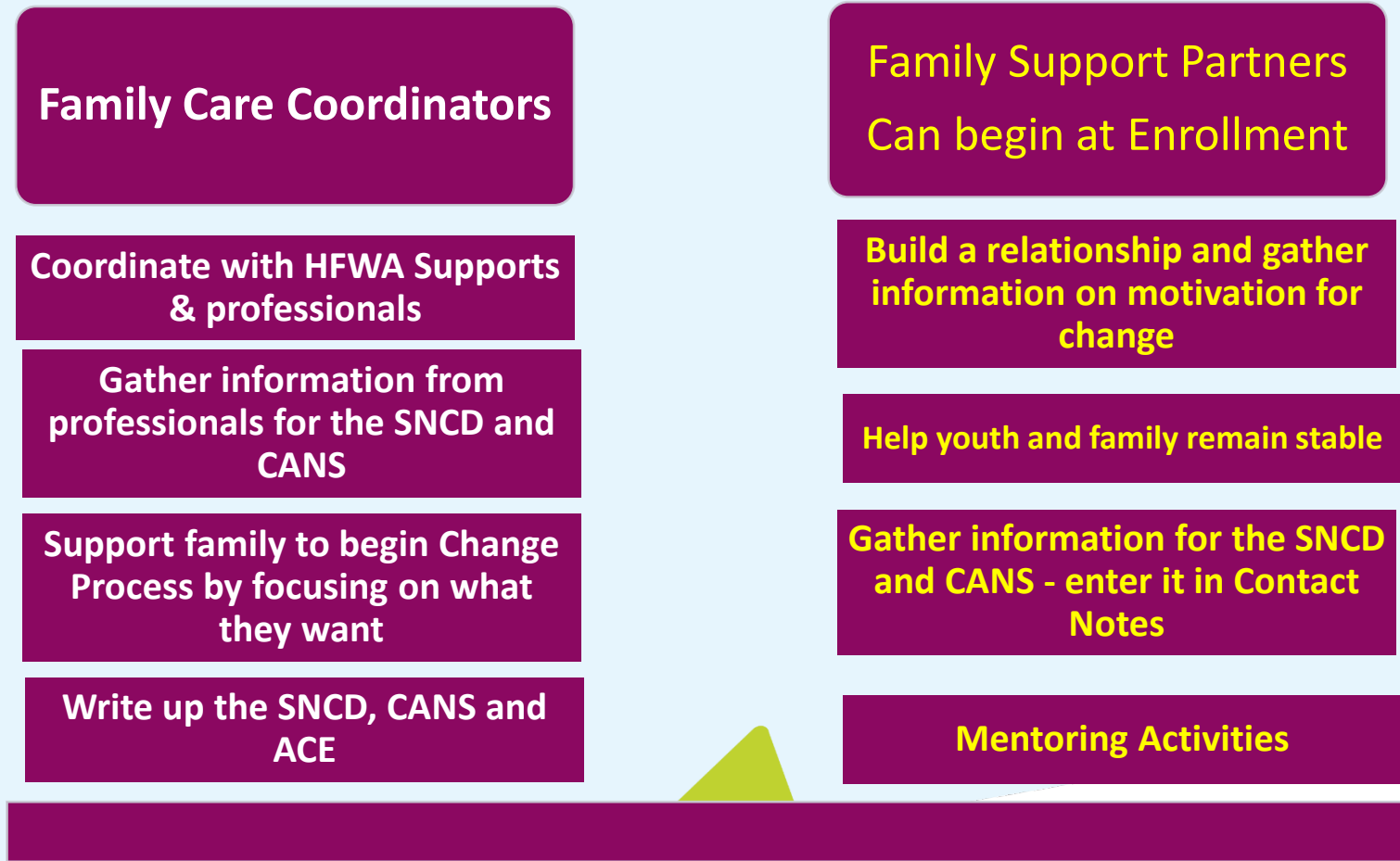
The FCC will need to securely email this information to the person



Assessments during Initial Authorization



Family Care Coordinator - Family Support Partner





Family Timeline

Strengths, Needs,
Cultural Discovery



Dashboard Member Family Team **Assessments** Plan Of Care Contacts/Service N

Member Name: Dog, Baxton J. (Bax) **1**

Case Number: --

Organization Name: Uplift Wyoming **i**

Core Assessments Licensed Assessments Custom Assessments **Family Timeline** Wra

Family Timeline **2**

Add Family Interview **3**

The Family Interview is where you will enter all the information from the Strengths Needs and Cultural Discovery

Add Family Interview

Member Name: Dog, Baxton J. (Bax)
Case Number: --
Organization Name: Uplift Wyoming

Summary **Family Interview** Developmental History Medical History Family Medical History Educational Background Psychological Background Family Timeline

B I U

This is an important part of Wraparound and has two parts – Gathering Information and Developing Focus

Don't forget to talk to people outside the immediate family!

Strengths, Needs, Cultural Discovery – *Family Interview*



Summary **Family Interview** Developmental History Medical History Family Medical History Educational Background Psychological Background Family Timeline

There are a lot of Tabs that you can use to think about possibilities, but they aren't mandatory

The Summary is where you write the SNCD – it's helpful to use the Magellan template for this document.

Look for strengths and culture that will help the family make changes and achieve their Vision. People do better when they believe they can succeed. By gathering their strengths, you find out where and how they've been successful before., how ready are they to make any changes – check for their stage of readiness to change



Strengths, Needs, Cultural Discovery



If you use the other tabs in the Family Interview here are some things to consider

Developmental History – fill in if the family is comfortable

Medical History – Important information ½ down the sheet – free text for injuries, hospitalizations, major life events (happy and sad), checklist of behaviors

Family Medical/Psychiatric History = Fill in if the family is comfortable

Educational Background – talk to the youth about this, then talk to the parents or caregivers.

Psychological Background – Interests & activities is a great spot for gathering information, listen for strengths and culture as well as any change language. The Goals at the bottom will help the family start to focus on where they're headed. Team Strengths: what do you know already??

SNCD/Family Interview – *Summary*



Think about everything you've learned so far and use your template to write it out in family language, concentrating on the families Strengths and Culture. Below are some ideas to consider.

Home - *Does your home fit your needs? What do you like about where you live? Is this a neighborhood where everyone knows one another? Are your neighbor's people you can ask for help*

Family - *What is your best quality as a parent? What do you like most about your son/daughter? What are your hopes and dreams for your family? Describe your parenting style. Who do you consider to be a part of your family? Who are your "go to people" and why? Is there anything that gets in the way of your family being the way you'd like? What kinds of things did you learn from your parents? Are you similar or different from your family?*

Work - *What was your best job ever? What do you like about where you work? Is there anything you need that would help you in your job search? Are there people you can talk to at work?*

Family Interview – *Summary Cont...*



Spirituality - *Does this domain relate to the vision or the changes they want to make? What has helped you make changes in the past? What do you think might help you now? Who would be a good support person? What has gotten in your way before? What in your community would help you make these changes?*

Safety - *What kinds of things does your family do to stay safe both physically and emotionally? Checking in with one another? Taking time to talk to each other? Having an emergency plan? Is there anybody in the family who is potentially dangerous to him/herself? Are you concerned about the safety of anyone in your family?*

Emotional - *Does your family tend to be happy, sad, chaotic, mad.... When there's an argument how do you tend to deal with it? What's your family look like when you celebrate?.*

Financial - *Who takes care of the finances in your family? How do you guys handle financial discussions? Are there financial issues that cause you to worry or that you celebrate? Are kids paid for chores? At what age do your kids have jobs? What would you like to do if you had a million dollars?*

SAVE then SIGN



Assessments during Initial Authorization:

Child, Adolescent, Needs and Strengths
CANS

CANS – Licensed Assessments



Assessments > Licensed Assessments > Add > CANS Assessment

The screenshot shows a web application interface for CANS assessments. At the top, a navigation bar includes links for Dashboard, Member, Family, Team, Assessments, Plan Of Care, Contacts/Service Notes, Critical Incidents, Additional Services, and Documents. The 'Assessments' link is circled in red. Below this, a form displays member information: Member Name: Brown, Sandra (Sandy), Case Number: --, and Organization Name: --. A second navigation bar includes links for Core Assessments, Licensed Assessments, Custom Assessments, Family Timeline, and Wrap Fidelity. The 'Licensed Assessments' link is circled in red. Below this, the text 'Licensed Assessments' is displayed, and a blue 'Add' button is circled in red.

- There are helpful hints under the “i” on each item
- The trauma module and runaway will expand if needed
- In the CANS form make sure the date at the top is correct
- Completed at the beginning - every 90 days - at the end



Assessments during Initial Authorization:

Adverse Childhood Experiences ACE

Introducing the ACE Survey:



Complete the survey while completing the Assessments. This is the only time you complete the ACEs survey, unless the family wants to update it.

The form can be found at www.magellanofwyoming.com or through your web browser

Use a simple reason: Stressful life events can affect a child's health and wellbeing. The ACEs survey can help in the following ways:

- Screen for stressful life events
- Gain guidance from your healthcare providers
- Support the needs of your child

The most important thing to remember is the ACEs score is just a guide – the score says there is a risk, not that it will happen

We only need the total score, the family doesn't need to share the individual answers. This can be discussed when they are more comfortable, or with the person of their choosing.

ACE Survey



Assessments > Custom Assessments > ACE Survey

AGE OF YOUTH	WHICH SURVEY	COMPLETED BY
AGE 10 AND UNDER	ACE survey child (paper or online)	Parent/Caregiver
AGE 11-17	ACE survey youth SR (paper or on-line)	Youth – with Parent or Caregiver permission
AGE 18+	ACE survey youth SR (paper or on-line)	Youth only

After completion of the ACEs Survey:



If the score is 4+, ask about stress symptoms. If there are stress symptoms, suggest seeing a Primary Care Physician and/or other helping professionals.

Table: Symptoms of Stress¹

TABLE 4. RELEVANT SYMPTOMATOLOGY

Sleep disturbance	Poor control of chronic disease <i>(such as asthma or diabetes)</i>	Restricted affect or numbing
Weight gain or loss	Developmental regression	High risk behavior in adolescents
Failure to thrive	School failure or absenteeism	Unexplained somatic complaints <i>(such as HA or abdominal pain)</i>
Enuresis, encopresis	Aggression	Depression
Constipation	Poor impulse control	Anxiety
Hair loss	Frequent crying	Interpersonal conflict

Custom Assessments

- This is a place where Wyoming can create documents that are specific to our state. So many of these documents are not assessments but will live here
- There is no automated notification in FEHR when any of the Custom Assessments are completed or documents uploaded to the Documents Hub in FEHR.
- Providers should be complete the form needed and in addition to this step, email wyclinical@magellanhealth.com to advise of the reason for Custom Assessment completion

Behavior Exploration - Crisis Team - Crisis Plans



OCCURS PRIOR TO THE FIRST CHILD
AND FAMILY TEAM MEETING

Family Care Coordinators

Complete the Behavior Exploration with the family and their supports

With the family and FSP identify crisis team

Coordinate with HFWA Supports & professionals

Facilitate the crisis meeting

Document the process

Family Support Partners

Additional support to help youth and family remain stable

Identify the crisis and the crisis team

Gather information for the Behavior Exploration - enter it in Progress Notes

In the crisis meeting provide support and encouragement making sure of family and youth voice

Behavior Exploration

Action Steps

1. Prepare youth and family Engages people who know situation best
2. Develop a brief, clear statement of behavior
3. Evoke change talk
4. Describe the frequency, intensity, duration of the behavior
5. Identify the setting events
6. Identify signs the behavior is beginning
7. Identify the functions of the behavior
8. Describe what has been tried in the past
9. Describe successful resolution

Relational Skills

- Open-ended Questions
- Reflections

Change Skill Focus

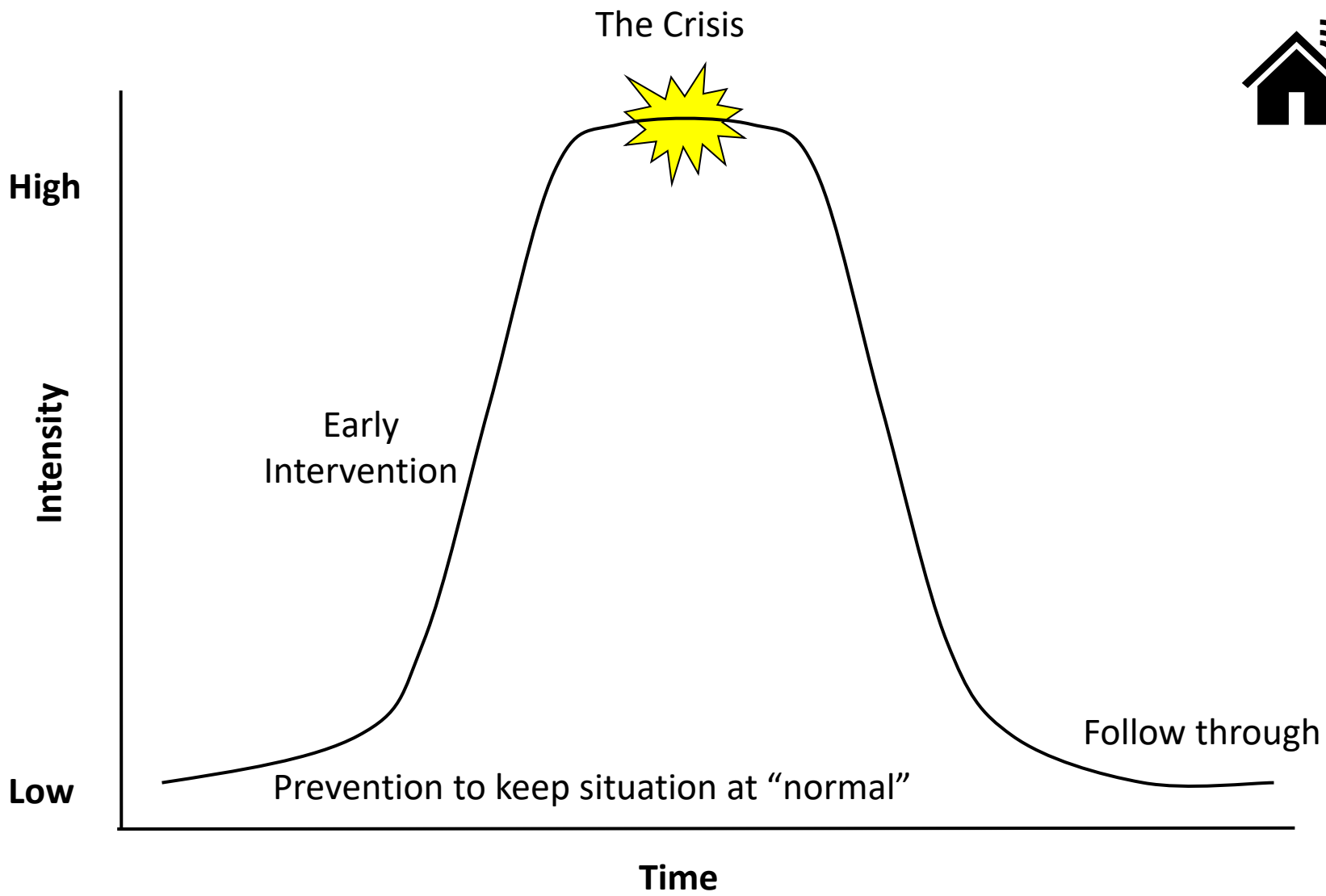
- Create and Resolve Ambivalence

Traps

- Confronting



Crisis Planning



Behavior Exploration



This is a paper form you will get from either your coach or your supervisor



This is the investigation with the team to support a thorough Crisis Plan and is needed for Certification and Re-certification

Crisis Teams



Crisis Planning



Action Steps

1. Prepare youth and family for crisis planning
2. Engage the team for Crisis Planning
3. Have the team sign Release of Info
4. Review the behavioral exploration
5. Develop short-term objectives
6. Review strengths/culture related to behavior
7. Review the setting events for the behavior, develop a prevention plan
8. Review signs the behavior is beginning and develop an early intervention plan
9. Brainstorm options to respond to behavior
10. Develop detailed action steps if behavior occurs
11. Team evaluation of meeting and plan

Relational Skills

- Seeking Collaboration

Change Skill Focus

- Create and Resolve Ambivalence
- Differential Responding

Traps

- Righting

Crisis Meeting = Team Meetings



Add New Team Meeting (*Initial, Regular or Crisis*)

Print Team Meeting Worksheet

Enter Data

Team Members		Team Meetings							
Team Meetings									
Add									
Date	Type (Sub-Type)	Status	Invited	Attended	Edit Meeting	Worksheet	Enter Data	Delete	Report
10/05/2020	Initial (Missing/Not Given)	Pending	6	0	Edit Meeting	Worksheet	Enter Data	Delete	Report
09/30/2020	Crisis (Missing/Not Given)	Pending	5	0	Edit Meeting	Worksheet	Enter Data	Delete	Report

ADD TEAM MEETING

Member Name: Henderson, DeAndre-Example

* Meeting Date:

* Meeting Time:

* Meeting Type:

Meeting Sub Type:

* Meeting Location:

Meeting Address:

Street 1:

Street 2:

City:

State/ Zip Code:

* Invite Members:

- Henderson, DeAndre-Example (Member)
- Henderson, Eleanor (Grandparent)
- Henderson, Diamond (Birth Mother)
- Smith, Malik (Birth Father)
- Barnes, Linda (Family Support Partner)
- Weber, Sharon (Family Care Coordinator)
- Matherson, Mrs (DFS Social Worker)
- Jacobs, Janelle (Friend)
- Send Email Reminder 48 hours prior to the Meeting

At the bottom of “Add Team Meeting” you can Invite Members and if done 48 hours prior to meeting it will send and email reminder

Crisis Team



Team > Team Meetings > Add > Meeting Type = Crisis

Dashboard Member Family **Team** Assessments Plan Of Care Contacts/Service Notes Critical Incidents Additional Services Documents

Member Name: Brown, Sandra (Sandy) Work Flow

Case Number: --

Organization Name: --

Team Members **Team Meetings**

Team Meetings

Add

Date	Type (Sub-Type)	Status	Invited	Attended	Edit Meeting	Worksheet	Enter Data	Delete	Report
12/14/2020	Crisis (Missing/Not Given)	Pending	4	0	Edit Meeting	Worksheet	Enter Data	Delete	Report

Where you write Team Notes

Crisis Meeting Agenda



1. Engage the team for Crisis Planning
2. Have the team sign Release of Information (if not done yet)
3. Review the behavioral exploration
4. Develop short-term objectives
5. Review strengths/culture related to behavior
6. Review the setting events for the behavior, develop a prevention plan
7. Review signs the behavior is beginning and develop an early intervention plan
8. Brainstorm options to respond to behavior
9. Develop detailed action steps if behavior occurs
10. Team evaluation of meeting and plan

Crisis Plan – *Where is it?*



Plan of Care > Edit Current Version > Crisis Plan > Add/Edit

1

Dashboard Member Family Team Assessments **Plan Of Care** Contacts/Service Notes Critical Incidents Additional Services Documents

Member Name: Brown, Sandra (Sandy) Work Flow

Case Number: --

2

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions	Notes
Current	11/30/2020	11/30/2020	Magellan Administrative POC	11/30/2020	Active	View/Print	Signature Pad Email Manual	Edit

3

- 1 Family Vision and Team Strengths
- 2 Assessments
- 3 Crisis Plan**
- 4 Needs, Outcomes, Strategies



Crisis Plan Background and History



Plan Of Care

Member Name: Henderson, DeAndre-Example II

Medicaid ID: N0000000

Version: Current (021) (Only the Current Version can be Edited.)

3. Crisis Plan (Add/Edit)

Clinical Evaluator:
Ballard, Lucinda
Ballard and Associates
(307) 399-2222 (Cell)
Email: unknown@fidelityehr.com

Click on 3. Crisis Plan (Add/Edit) -

Emergency Contact:

Primary Care Physician:
Anderson, Dr

- 1 Family Vision and Team Strengths
- 2 Assessments
- 3 Crisis Plan
- 4 Needs, Outcomes, Strategies
- 5 Team Mission
- 6 Other Summary and Team Details

ADD/EDIT CRISIS PLAN DETAILS (POC FORM)

Member: Henderson, DeAndre-Example II
Medicaid ID: N0000000

Crisis Plan Details Clinical Summary

[Copy From Referral Form](#)

Clinical Evaluator

First Name / MI:

Lucinda

Last Name:

Ballard

Organization:

Ballard and Associates

Street 1:

Under the Crisis Plan Details

- Type in the counselor's name as the Clinical Evaluator – if they don't have one write No Counselor in the First Name Box
- Make sure the Primary Care Physician is also entered

Crisis Plan Background and History

ADD/EDIT CRISIS PLAN DETAILS (POC FORM) X

Member Name: Brown, Sandra (Sandy)
Medicaid ID: N26565454

Crisis Plan Details Clinical Summary

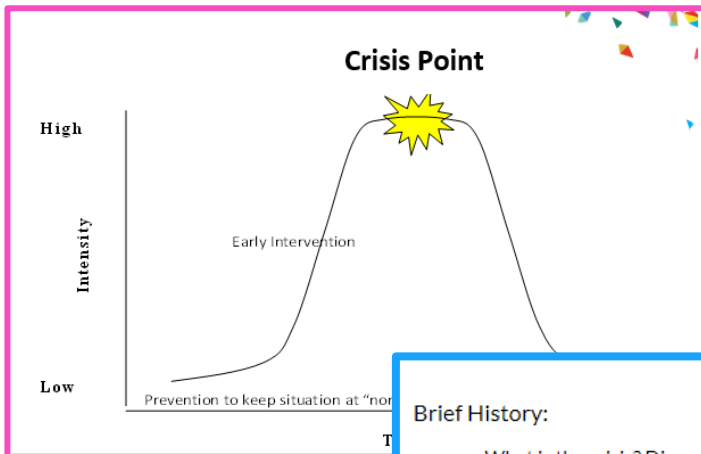
Medications: [\(Add/Edit\)](#)

Start Date	Name	Dosage	Frequency	Comments	End Date
------------	------	--------	-----------	----------	----------

- Click on the Clinical Summary – to add Allergies and Brief History

You will add 3 Brief History boxes so there will be 3 bullet points – what you put in last will be at the top of the list

- What's the goal?
- Frequency – Duration – Intensity
- What's the crisis?



Brief History:

- What is the crisis? Diamond leaving her kids in a situation that's unsafe when she drinks.(3/8/2021 5:24:29 PM) by Weber, Sharon
- Frequency: Once in the last year Duration: 24 hours Intensity: DeAndre was on his own while Diamond was in the neighbors apartment(3/8/2021 5:24:12 PM) by Weber, Sharon
- Goal To manage stress and socialize without using alcohol(3/8/2021 5:23:28 PM) by Weber, Sharon

Overview of the “Look”



Potential Crises & Action Steps + ADD NEW ☰ EXPAND ALL

⊖ **Diamond's Plan so DeAndre can come home - Short Term**
Objective: Diamond will not drink alcohol for 75% of the next 30 days - Measured by self-report and scheduled screens

Start Date - Desired Complete Date
 11/9/2020 - 2/16/2021

✎ 👁 ✕
 EDIT REVIEW DELETE

Action Step
 Prevention - Physical Cue/Setting Events : 1. Diamond is around others who are drinking, 2. If Diamond has beer in the house, 3. The kids are needy and whining and money's tight and Diamond is feeling stressed and wants to unwind

+ ✕
 ADD/EDIT DELETE

Tasks + ADD/EDIT	Billable	Assigned To	Due Date	
Around others who are drinking - Diamond, Janelle, Susan, Elanor will schedule activities that don't include alcohol & Diamond is committed to leaving when others start to drink	No	Kautzman,...	12/10/2020	<input type="checkbox"/> ✕
Beer in apartment - Diamond won't buy or accept beer as	No	Henderson,...	12/10/2020	<input type="checkbox"/> ✕

- 2 Assessments
- 3 Crisis Plan**
- 4 Needs, Outcomes, Strategies
- 5 Team Mission
- 6 Other Summary and Team Details
- 7 Admin Info Sheet
- 8 Care Coordinating Organization

How to get there - Adding a Crisis Plan



Click on "Add:



Potential Crises & Action Steps **+** ADD NEW EXPAND ALL

ADD/EDIT MEMBER POTENTIAL CRISIS

Member Name: Henderson, DeAndre-Example
Medicaid ID: --

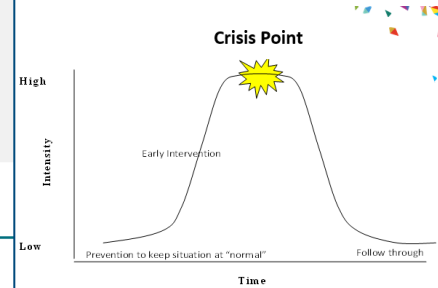
* Describe the potential crisis:

Crisis Plan for Shanice

* Start Date:

End Date:

* Desired Completion Date:



This is a Title - Identify who the crisis plan is for or the setting the crisis plan is for – Don't forget to SAVE!

Add Action Steps



You will now see the Plan listed in a blue box – click + sign on the left

+ Crisis Plan for Shanice

Start Date - Desired Complete Date
10/5/2020 - 7/2/2021

EDIT REVIEWDELETE

Add the Action Steps by the Add/Edit (very faint)

Prevention

Early Intervention

Crisis

Follow Through

- Crisis Plan for Shanice

Start Date - Desired Complete Date
10/5/2020 - 7/2/2021

EDIT REVIEWDELETE

No Action Steps exist yet for this Potential Crisis.

ADD / EDIT

Adding Action Steps



ADD/EDIT ACTION STEPS FOR POTENTIAL CRISES

Member Name: Henderson, DeAndre-Example

Medicaid ID: --

* Action Step Description:

Prevention|

Add each Action Step, including the triggers and options
Do not fill in the not required boxes

Add the next Action Step at the bottom of the box



Add Tasks for Crisis Plan - Interventions

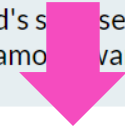


Crisis plan for Diamond Start Date - Desired Complete Date
10/8/2020 - 5/21/2021 EDIT REVIEW DELETE

Action Step
Prevention Trigger (Setting Event) -Diamond's around friends who are drinking. Prevention Step: develop some non-drinking times or friends Trigger (Setting Event) Money is tight and Diamond's stressed about how to pay the rent. Prevention Step: Diamond wants to work on a budget

Billable No ADD/EDIT DELETE

Tasks + ADD/EDIT Billable Assigned To Due Date



* Select Team Member: Henderson, Diamond (Birth) ▾

* Task Due Date: 09/30/2020

* Task Description: Diamond and Jennifer (FSP) will meet with Janelle and Susan to talk through fun activities they could do instead of drinking

Estimated time: Select ▾

Tasks are the interventions the team will be taking to keep things; stable, de-escalate things, keep everyone safe, etc.

Fun things for Crisis Plan Tasks 😊



Reminders can be set for FCC,FSP, YSP

**Always
NO for
Crisis
Plans**

Actual time: Select

Create Reminder? ⓘ

* Is this a Billable Task? Yes No

Add Task **Cancel** **Close Form**

The question about it being a billable task is always no. You will be doing billing through the units associated with Contact Notes 😊

Child and Family Team Meetings



TEAM MEETINGS CAN BE HELD UP TO
30 DAYS PRIOR TO THE END OF THE
PRIOR AUTHORIZATION

This allows for rescheduling if it's needed!



Magellan
HEALTH®

Family Preparation for the Child & Family Team Meeting



Action Steps

- Step 1: Collaboratively discuss purposeful transition
- Step 2: Review and revise the SNCD
- Step 3: Facilitate consensus regarding team members
- Step 4: Discuss purpose and develop the agenda
- Step 5: Family decides things they want to do
- Step 6: Identify strengths of team members and who is going to say them
- Step 7: Prepare specific strengths & culture related to the Needs
- Step 8: Develop plan to invite team members
- Step 9: Collaboratively discuss needed supports for the family and youth
- Step 10: Collaboratively discuss family's comfort and satisfaction with the process

- **Relational Skill Focus**

- Seeking Collaboration

- **Change Skill Focus**

- Seeking Collaboration

- Reflective Discussion

Trap

- Expert

Planning

1. Engage and got team members to attend
2. Prepared needed documents for distribution – include a Release of Info
3. Assist family and youth do introductions of team
4. Develop consensus ground rules, confidentiality and decision-making process
5. Review family vision
6. Develop team mission of how the team will support the family
7. Reach consensus on prioritized needs
8. Review strengths and culture for each need
9. Robust brainstorming to identify multiple options
10. Support family to select best options
11. Develop short-term objectives with measurement strategy
12. Develop action plan for each selected option
13. Team evaluation of the meeting

- Relational Skill Focus
 - Team-Supported
- Change Skill Focus
 - Shaping (Developing Objectives)
 - Evoking Mobilization Change Talk (AT)

Traps

- Righting

Activity Objective

Family Care Coordinator - Family Support Partner

Family Care Coordinators

Debrief the CFT with Professionals

Follow up on assigned Tasks from the POC

Schedule and facilitate Child & Family Team Meetings

Support the team as needed

Family Support Partners

Debrief the family and natural supports from the CFT

Implementing Tasks from the Plan of Care

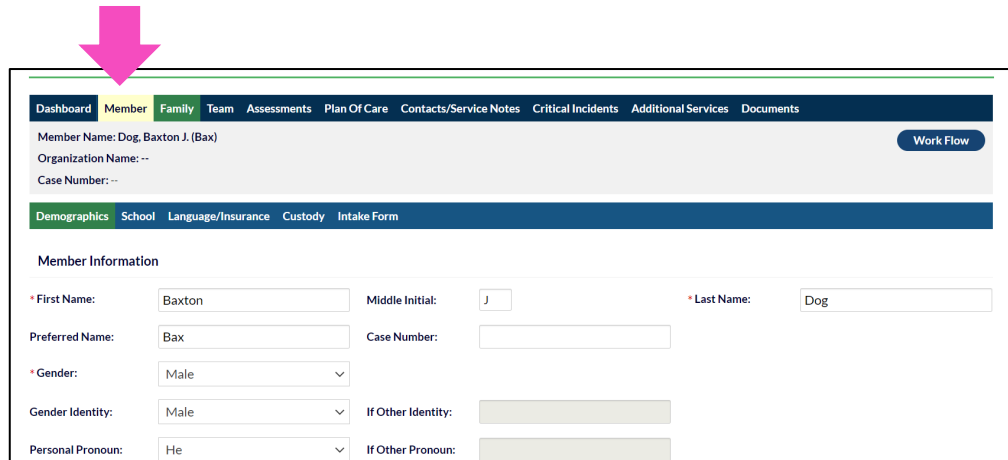
Empower individual voices in the family

Document observations in Contact Notes

Family Members Tab

Double check that you have all the family who will be attending CFT's

- All parents/guardians added at time of referral will appear
- Always add any new family members here
- All family members and the youth are automatically added to the Team
 - Good wraparound!



The screenshot shows a software interface with a navigation bar at the top containing tabs: Dashboard, Member, Family, Team, Assessments, Plan Of Care, Contacts/Service Notes, Critical Incidents, Additional Services, and Documents. The 'Family' tab is selected and highlighted in green. Below the navigation bar, the member information is displayed: Member Name: Dog, Baxton J. (Bax), Organization Name: --, and Case Number: --. A 'Work Flow' button is visible on the right. Below this, there is another navigation bar with tabs: Demographics, School, Language/Insurance, Custody, and Intake Form. The 'Demographics' tab is selected and highlighted in green. The main content area is titled 'Member Information' and contains the following fields:

* First Name:	<input type="text" value="Baxton"/>	Middle Initial:	<input type="text" value="J"/>	* Last Name:	<input type="text" value="Dog"/>
Preferred Name:	<input type="text" value="Bax"/>	Case Number:	<input type="text"/>		
* Gender:	<input type="text" value="Male"/>				
Gender Identity:	<input type="text" value="Male"/>	If Other Identity:	<input type="text"/>		
Personal Pronoun:	<input type="text" value="He"/>	If Other Pronoun:	<input type="text"/>		

Building a Team

Team Members – check that they are listed

- The youth and all family members will appear on the team
- Family Care Coordinators can add additional team members here, including FSP's and YSP's
 - Family
 - Users (People with a FidelityEHR Login)
 - Please add WYClinical and your Coach
 - Non-Users (other team members that you can create access for)
 - Click Non-User > Add Non-User > Fill in > they are added to the Team Member Name List > Select them from the list and **Save**

ADD TEAM MEMBER
Client Name: Bonds, Bobby

* Team Member Name:

* Team Member Group: User Non-User Family Member [Add Non-User](#)

* Start Date:

End Date:

Organization:

* Team Member Role:

* Team Member Type: Formal Informal

Team Member Status:

ADD NON-USER

* First Name:

* Last Name:

Email:

unknown@fidelityehr.com can be used as a placeholder.

ADD TEAM MEMBER
Member Name: Henderson, DeAndre-Example

* Team Member Name:

Has Authorization to Release Information: Yes No

* Team Member Group: User Non-User Family Member [Add Non-User](#)

Release will expire on:

* Start Date:

End Date:

Organization: N/A

* Team Member Role: [Add Role](#)

* Team Member Type: Formal Informal Family

Team Member Status:

Save

Team Meetings



Add New Team Meeting (*Initial, Regular or Crisis*)

Print Team Meeting Worksheet

Enter Data

Print Team Meeting Reports

Date	Type (Sub-Type)	Status	Invited	Attended	Edit Meeting	Worksheet	Enter Data	Delete	Report
06/28/2019	Regular (Follow-up Meeting)	Pending	13	0	Edit Meeting	Worksheet	Enter Data	Delete	Report
03/08/2019	Regular (Follow-up Meeting)	Pending	13	0	Edit Meeting	Worksheet	Enter Data	Delete	Report

State:/ Zip Code: Select

* Invite Members:

- Henderson, DeAndre-Example (Member)
- Henderson, Eleanor (Grandparent)
- Henderson, Diamond (Birth Mother)
- Smith, Malik (Birth Father)
- Barnes, Linda (Family Support Partner)
- Weber, Sharon (Family Care Coordinator)

Send Email Reminder 48 hours prior to the Meeting

At the bottom of “Add Team Meeting” you can Invite Members and if done 48 hours prior to meeting it will send and email reminder

Team Meeting Worksheet



It is important to note that the worksheet allows the facilitator to print out the team meeting form if they would like to bring that to the meeting for documentation and attendance tracking. If you need to change the meeting date/time you can click the edit meeting hyperlink

Team Meeting Worksheet Printed: 12/14/2020

Member Name: DeAndre-Example Henderson **Case No:** --

Team Meeting Date: 10/05/2020

Next Team Meeting:

Member Name (Last, First, M.I.): Henderson, DeAndre-Example

DOB: 08/15/2014 **Enrollment date:** 09/07/2020

Contact Information

Address:

Street1/Street2: 104 Somewhere Lane City/State/Zip Code: Laramie, WY 82072

Phone Number(s): (307) 111-1111

Parent/Guardian(s):

Name(s): Henderson, Eleanor Relationship: Grandparent

Contact Information (if different from Member): No

Summary of Team Members				
Name	Phone Number	Role	Invited	Attended
Barnes, Linda	() - -	Family Support Partner	✓	<input type="checkbox"/>
Henderson, DeAndre-Example	(307) 111-1111	Member	✓	<input type="checkbox"/>
Henderson, Diamond	() - -	Birth Mother	✓	<input type="checkbox"/>
Henderson, Eleanor	() - -	Grandparent	✓	<input type="checkbox"/>
Smith, Malik	() - -	Birth Father	✓	<input type="checkbox"/>
Weber, Sharon	(307) 287-9803	Family Care Coordinator	✓	<input type="checkbox"/>

Team Meeting Notes



Team Members		Team Meetings							
Team Meetings									
Add									
Date	Type (Sub-Type)	Status	Invited	Attended	Edit Meeting	Worksheet	Enter Data	Delete	Report
10/05/2020	Initial (Missing/Not Given)	Pending	6	0	Edit Meeting	Worksheet	Enter Data	Delete	Report

Click on the enter data hyperlink. From here you can document the following information:

- The meeting date
- The duration of the meeting
- Of those that were invited, who was in attendance
- The overall notes from the team meeting
- Any additional attendees who are not currently listed on the team
- Core Assessment Information
- Signature Pad , this allows team members to sign off on their attendance at the team meeting

Once you have entered your team meeting information you can print the report of that team meeting, with or without signatures

* Meeting Date:

* Meeting Duration: Time (in minutes)
Select [All None](#)

* Attendance:

- Henderson, DeAndre-Example (Member)
- Henderson, Eleanor (Grandparent)
- Henderson, Diamond (Birth Mother)
- Smith, Malik (Birth Father)
- Barnes, Linda (Family Support Partner)
- Weber, Sharon (Family Care Coordinator)

Meeting Notes:

Ground Rules
Reason for Meeting
Celebrations and Progress
Summary of meeting

Core Assessments



Core Assessments - These assessments inform the client dashboard

Add/Edit all Core Assessments:

Youth Name: Brown, Charlie (Chuck)
Case Number: 546782

Community Outcomes Family Satisfaction Family Support School Outcomes Team Process Youth Support

Community Outcomes

Check box if Not Added?

* Start Date:

* Date Reviewed:

* Next Review Date:

End Date:

Number of days in current assessment period: 0

Overall community functioning: --

* Do the difficulties interfere with the youth's home life?

* Do the difficulties interfere with the youth's classroom learning?

* Do the difficulties interfere with the youth's friendships?

* Do the difficulties interfere with the youth's leisure time or things she or he does for fun?

If you select the “Add All Core Assessments” or “Review All Core Assessments” You cannot save the information one assessment at a time, only as a whole after all have been added or reviewed

Core Assessments need to be completed with the team after every CFT

Once you have added a Core Assessment from the Assessments Tab within the client record, it will only transfer over to the POC If the Start Date of the assessment falls on or after the Plan of Care Start/Create Date, then it will be included. If it doesn't, it will not.

What does Flexibility in Team Roles Look Like?



All “team members” do not need to attend all meetings to be full team members

Some team members may only attend when goals related to the support they provide are being discussed

Flexibility

Some team members may want communication about the plan and ongoing input without attending meetings

Some team members may support plan implementation without attending team meetings

WFI EZ Overview



- The Wraparound Fidelity Index is designed to assess the extent to which the core activities of wraparound are implemented and measures fidelity to the model established by the National Wraparound Institute (NWI).
- Purpose is to determine if services are meeting the youth and family goals and objectives
- Who completes them? Parents or caregivers, youths 11 years of age or older, Family Care Coordinators, Family Support Partners and Youth Support Partners
- Survey is required to be completed 6 months after the family is enrolled in HFWA
- WFI EZ may be completed through the FidelityEHR site or through a link that is emailed.
- Contact Chassity Wiederspahn at WiederspahnC@Magellanhealth.com or WYQuality@Magellanhealth.com for any questions regarding WFI EZ.



Why is the WFI-EZ important?

Quality Assurance: Measure adherence to the wraparound principles and model, also known as “fidelity” – high fidelity is associated with better outcomes

Wraparound process: Part of wraparound process is amplifying family and youth voice, which is why they are key respondents for the team

Program improvement: Improve the quality of wraparound by identifying the strengths and weaknesses to address with training, supervision, and coaching

WFI EZ Reminders



- At 165 days after a youth enrollment, the FCC and Program Director will get a reminder to complete the WFI-EZ
- At 180 days, all team members with emails in FidelityEHR will be sent a reminder to complete the WFI-EZ
- At 210 days, the FCC and PCD will get a reminder to ensure the WFI-EZ has been completed at least by the caregiver and the FCC

Note: If there is a delay in completing the WFI-EZ, such as the FCC has been newly assigned, the FCC and CPD are responsible for noting this in the record and tracking completion as soon as possible.

WFI EZ Launch



- The FCC should notify the family prior to sending the link to assure the family does not delete or dismiss the link.
- If the family needs assistance in completing the WFI-EZ, the FCC should make a plan with the family on who will assist and how. An FSP, YSP, or a person of the family's choosing who is not the FCC can assist.
- The FCC emails the link to the WFI-EZ to:
 - The caregiver/parent
 - The youth over age 11
 - The YSP and FSP, and other team members
- The FCC should complete their own survey.

WFI – EZ or Wrap Fidelity Instructions



Dashboard Client Family Team **Assessments** Plan Of Care Contacts/Service Notes Critical Incidents

Client Name: Testcase, Example
Case Number: --
Organization Name: 39 Magellan UAT TEST ONLY

Core Assessments Licensed Assessments Custom Assessments Family Timeline **Wrap Fidelity**

Wrap Fidelity

Add

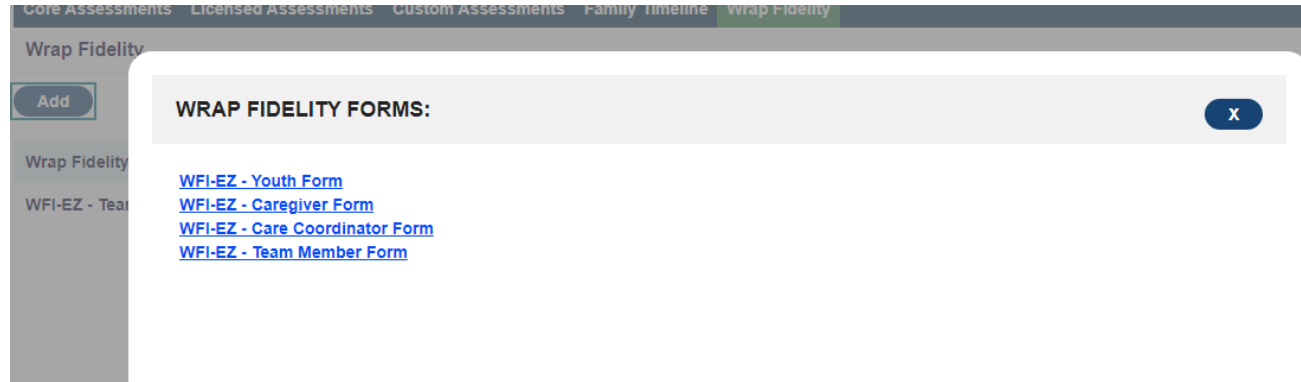


Only FCC and CPDs can “Add”
Wraparound Fidelity Measures





WFI – EZ or Wrap Fidelity Instructions



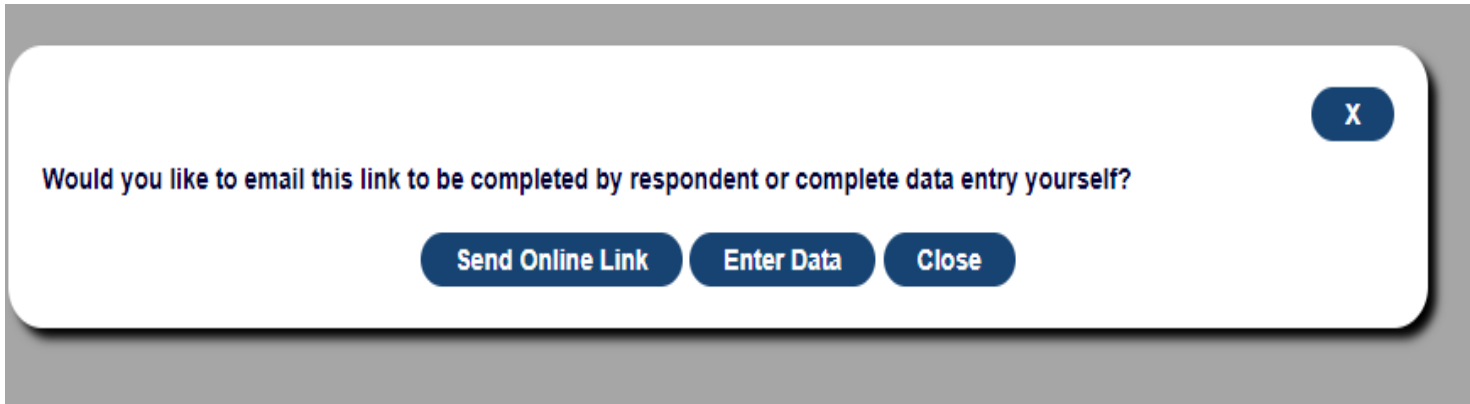
Chose the correct form.

Team member form to be completed by FSP and YSP.





WFI – EZ or Wrap Fidelity Instructions



Option to send online link OR Enter data.

As a reminder: Always email the link. If a survey is started using the enter data option, it must be completed as you will not be able to go back to edit or complete if not finished.



What can you do to help?



Always ensure that email address of the family is on file and correct.



Explain the importance of the survey and what it provides.

Script: You will be receiving an email from Fidelity EHR regarding a survey that we are asking you to do. It helps to show how we are doing in meeting your family's goals and objectives. It will state how satisfied you are with the process and considers all voices on the team and lets us know if the services we are providing are meeting your expectations. It is a great way for your voice to be heard.



Ensure that the WFI EZ is completed within the required time frame.



Plan of Care (POC)

PLEASE ENTER IT 14 DAYS BEFORE THE PRIOR-AUTHORIZATION EXPIRES

This allows the clinical team enough time to review and send you a new prior-authorization



Creating Specific, Measurable Plans

“A dream written down with a date becomes a goal.
A goal broken down into steps becomes a plan.
A plan backed by action makes your dreams come true.”
— Greg Reid



Plan of Care



Getting Started

- First step - Click on Plan of Care
- Click “Update” (Magellan Clinical Team will put in a POC when the application is complete and there is a Prior Authorization – Magellan Administrative POC)

Existing Plan Of Care (POC)

Created Date	Last Updated	Status	Member Data	View/Print	Available Actions	Delete
1/26/21	3/16/2021	Active	Check	View/Print POC Report	Update	Delete

11/09/2020	03/16/2021	Magellan Administrative POC	Duplicate	View/Print	Signature Pad Email Manual	Add/Edit	Edit
------------	------------	-----------------------------	-----------	----------------------------	--	--------------------------	----------------------



- if you see a red exclamation point by a header in the plan of care, this means that this information was updated somewhere else in the record. To make that update, click on the edit hyperlink, update, and then save and close

Plan of Care – *Family Vision and Team Strengths*



Navigation and Menu

- The POC menu is located on the right-hand side of the record.
- When moving between panes in the POC it is recommended to save before moving.

Vision

- Update the family vision and member details
- Add Team Strengths
- Use the Preferences to add the Team Ground Rules – this may be under each person’s preference or one person.

Family Level of Engagement – you will add that in the “Copy” of the plan

1	Family Vision and Team Strengths
2	Assessments
3	Crisis Plan
4	Needs, Outcomes, Strategies
5	Team Mission
6	Other Summary and Team Details
7	Admin Info Sheet
8	Care Coordinating Organization

Exit

View/Print

Save

Family Vision and Team Strengths - Plan of Care Types



- Magellan Administrative POC: Magellan Clinical Team will use this when initially authorizing the youth
- PA Request – Initial POC: The FCC will use this for their first POC which needs a Prior Authorization
- PA Request – Reauthorization, Service Addition/Service Change: If there is a Prior Authorization needed
- Non PA Request – Update: Updating the plan in between Prior Authorizations
- Correction: To correct date or a name on a previous Plan of Care
- Discharge POC – To be use when discharging the family from HFWA

Type

Magellan Administrative POC PA Request - Initial POC

PA Request - Reauthorization, Service Addition/Service Change

Non PA Request - Update Correction Discharge POC

Plan of Care - Assessments

Plan Of Care

Member Name: Dog, Baxton J. (Bax) Medicaid ID: N254545454

Version: (Only the Current Version can be Edited.)

2. Assessments

Core Assessments

No Assessments are Added Yet!

Licensed Assessments

No Licensed Assessments are added yet!

- 1 Family Vision and Team Strengths
- 2 Assessments**
- 3 Needs, Outcomes, Strategies
- 4 Crisis Plan
- 5 Team Mission
- 6 Other Summary and Team Details
- 7 Admin Info Sheet

A place to review assessments so they can
inform the Plan of Care

Notifying WYClinical

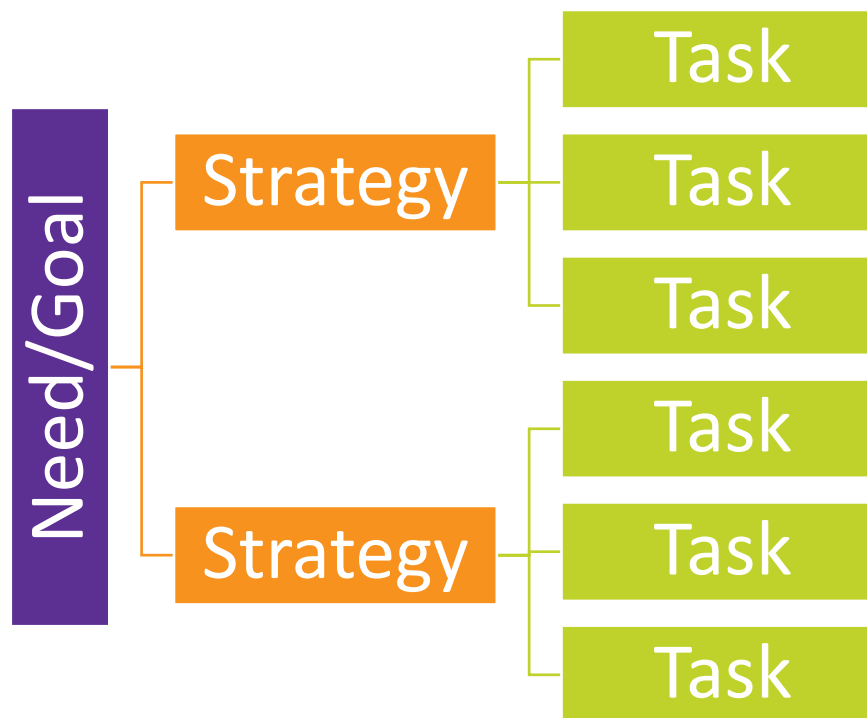


- Please email WYClinical@magellanhealth.com to notify the team of the need to review ALL documentation uploaded to Fidelity.
- This will allow your documentation to be logged and reviewed within 14 days.
- Failure to notify WYClinical of documentation uploaded to Fidelity will result in delayed review and potential gaps in authorization.

Needs – Strategies - Tasks



1	Family Vision and Team Strengths
2	Assessments
3	Crisis Plan
4	Needs, Outcomes, Strategies
5	Team Mission
6	Other Summary and Team Details



Plan of Care – Needs



ADD CLIENT NEEDS DETAILS (POC FORM) X

Client Name: Youth, New F.
Medicaid ID: MD31465465

Details:

* Describe the Need: Check Spelling

* Start Date: End Date:

* Outcome Measure: Check Spelling

Barriers: Check Spelling

* Desired Completion Date:

* Life Domain:

<input type="checkbox"/> Behavioral	<input type="checkbox"/> Family	<input type="checkbox"/> Place to Live	<input type="checkbox"/> School	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Social/Relationships
<input type="checkbox"/> Culture	<input type="checkbox"/> Medical	<input type="checkbox"/> Safety			

- **The Desired Completion Date – This may be 6, 9 12 months from now**
- What needs to *change* to achieve the vision - *We need Steve to quit hitting and kicking the family*
- What it will *look like* when the need is addressed - *Steve will have times every week the he and the family identify as fun. That could be seen by family games, having time laughing with the family. We'll keep track of all the fun they have.*
- *When complete > Save > Click the + sign beside the box*

Version: (Only the Current Version can be Edited)

3. Needs, Outcomes, Strategies + ADD NEW + ADD MULTIPLE EXPAND ALL

+ Steve will have times every week that he and the family identify as fun. Things like family games and laughing together. Start Date - Desired Complete Date: 11/11/2020 - 07/02/2021 EDIT REVIEWDELETE

Plan of Care - *Strategies*



Add/Edit Strategy:

* Strategy Description:

[Check Spelling](#)

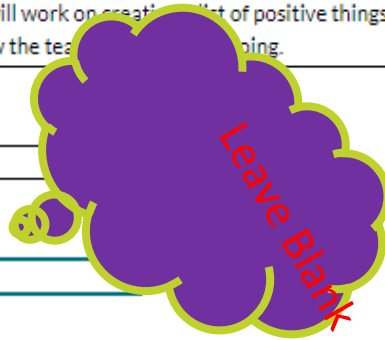
Steve, his mom, his best friend and the YSP will work on creating a list of positive things Steve can do when he's upset and mad. They will try out 2 of them every week to find what works best for him and they'll know the tea

Estimated time:

1 Hour(s)

Actual time:

1 Hour(s)



Is this a Billable Service?

Yes No

Strategies – What will the team do to help the family meet their need.

Example Strategy 1: Steve, his mom, his best friend and the YSP will work on creating a list of positive things Steve can do when he's upset and mad.

Plan of Care – *Tasks* (put Units here)



Tasks for Strategy 1 – What will they be doing over the next 90 days to help the family meet their strategy

1. Sara. The YSP and the group will meet at the house on Monday, October 17th to work on the list. Then they will use lots of post it's to get ideas and let Stevie have the final say. This will take an hour or 4 units
2. When they are done, Stevie and his best friend will type up the list in a cool way so it can hang on his bathroom mirror and every Sunday the YSP, Sara, and Stevie will talk about which ones to try and Mom will help get supplies together, if needed. **This will take about an hour a week or 48 units in the next 90 days**

+ Admin POC
Start Date - Desired Complete Date
11/09/2020 - 02/04/2021
EDIT REVIEW DELETE

- Need(s): Help to develop coping skills and leisure/social activities that do not include using drugs or alcohol Goal: Diamond will learn skills to manage stress and have social/leisure time without alcohol, which is a condition of DeAndre returning home
Start Date - Desired Complete Date
11/09/2020 - 09/15/2021
EDIT REVIEW DELETE

Strategy
Diamond will work with her team on fun things to do instead of drink- this will help satisfy Diamond and the DFS plan. With the
Billable
No
+ -
ADD / EDIT DELETE

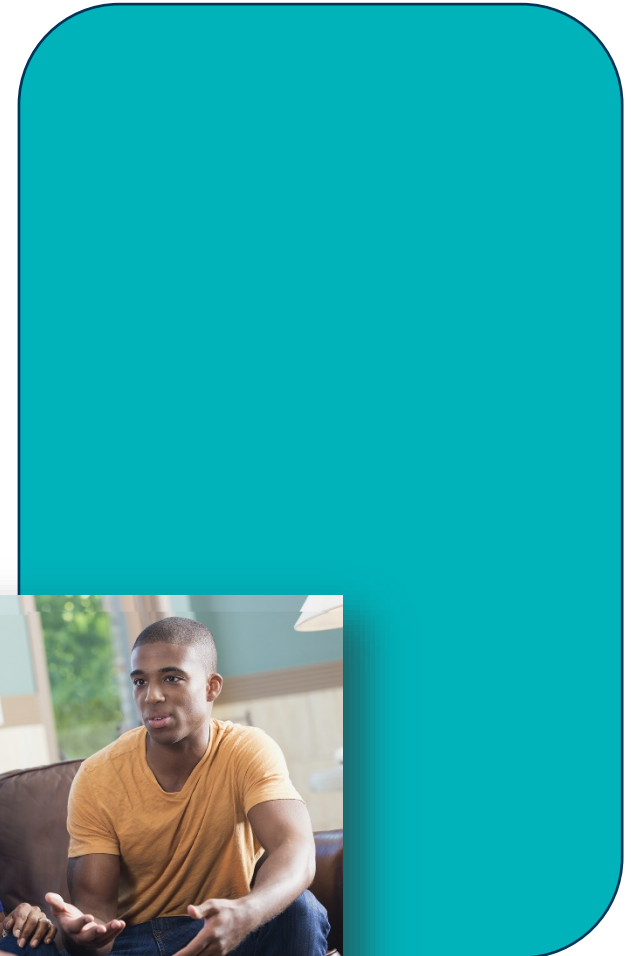
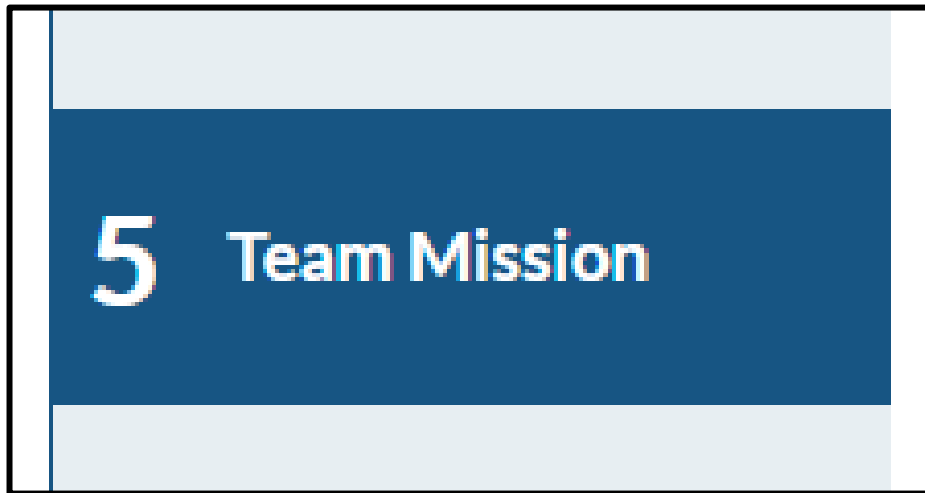
Tasks	Billable	Assigned To	Due Date	+ -
Diamond and Jennifer (FSP) will review leisure and social opportunities and develop a schedule. This will take 2 hours or 8 units	No	Stewart, S...	12/9/2020	☑ ☒

- 2 Assessments
- 3 Crisis Plan
- 4 Needs, Outcomes, Strategies
- 5 Team Mission
- 6 Other Summary and Team Details
- 7 Admin Info Sheet
- 8 Care Coordinating Organization
- 9 Authorizations

Plan of Care – *Team Mission*



- Simple Text box to document the overall mission of the Client's Team



Plan of Care – *Other Summary and Team Details*



- Update Team Members after starting the Plan of Care
- The Transition Summary is intended to be completed when the member is transitioning to discharge. This will have the date of discharge, the reason (drop down menu) and then the notes about the discharge and how the team will celebrate and lastly are they linked to adult services?
- The Family Voice and Choice is the section of the Plan of Care where you can document that the Client and Parent/Guardian have had Voice and Choice in the selection of services, providers and interventions when possible, in the process of building the plan of care.

3	Needs, Outcomes, Strategies
4	Crisis Plan
5	Team Mission
6	Other Summary and Team Details
7	Admin Info Sheet
8	Care Coordinating Organization
9	Authorizations

I forgot to add a team member – now what?

- If you update Team Members after the Plan of Care is created, the End User will see a Red Exclamation mark on the Plan of Care, Tab 6, to indicate the information needs to be updated- they can do so by clicking “Edit”

6. Other Summary and Team Details

!Team Member Details: [\(Edit\)](#) [\(Strengths\)](#)

Name	Team Role	Team Type	Start Date	Phone 1 (Type)	Email
------	-----------	-----------	------------	----------------	-------

ADD/EDIT TEAM MEMBER DETAILS (POC FORM)

Member Name:

[Update from Team List](#) [Go to Team Tab](#)

Plan of Care – Updating and Prior Authorization Process



- If you are *not requesting a Prior Authorization* you will Create a New Copy, sign it, email it to the Team Members to sign and leave it.
- If you are *requesting a Prior Authorization* you will create New Copy, Sign it, then click on Email and send it to the Team members who need to sign it (they can do so electronically)
- Then email the signed copy to wyclinical@magellanhealth.com (make sure you added wyclinical to your Team)
- If your team is unable to sign the copy electronically, gather signature on a signature page and upload into the Documents Tab

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Action	Notes
Current	12/10/2020	09/21/2020	Magellan Administrative POC	1/5/2021	Active	View/Print	Signature Pad Email Manual	Edit

[Create New Copy](#)

Creating a new copy will create a duplicate of the current Plan of Care document and include it in the list above. The POC is identified by the next

Send a Plan of Care for Prior Authorization

- **Always Edit Current plan of Care**

Version	CFT Date	Start/Create	Type	Last Updated
Current	12/10/2020	09/21/2020	Magellan Administrative POC	1/11/

- Do all the edits that need to be completed
 - **Do NOT sign the Current Plan of Care** – If you sign the current Plan of Care you will lock it and will need Magellan staff to unlock it for you
- **DO NOT** touch the Needs that are already listed by the Clinical Team

- When you're finished
 - Create a New Copy

Version	CFT Date	Start/Create	Type
Current	12/10/2020	09/21/2020	Magellan Administrative POC
Copy1	12/10/2020	01/11/2021	PA Req Reauthori Serv Addition, Char



Create New Copy

Send a Plan of Care for Prior Authorization

part 2

- Sign the New Copy by clicking on Signature Pad and then Unsigned by your name

Last Updated	Status*	Report	Signature Actions	No
Magellan Administrative POC	1/11/2021	E.Sign 2/9	View/Print Signature Pad Email Manual	

DFS Social Worker	Unsigned
Weber, Sharon	Unsigned
Barnes, Linda	Unsigned

- Email to wyclincical

Last Updated	Status*	Report	Signature Actions	No
Magellan Administrative POC	1/11/2021	E.Sign 2/9	View/Print Signature Pad Email Manual	


- When it asks if you would like to attach the POC - NO

- **Include the Client ID and reason for submission such as: Application to review or New Referral or Plan of Care for PA or Annual assessment LOC/CASII ,ETC**

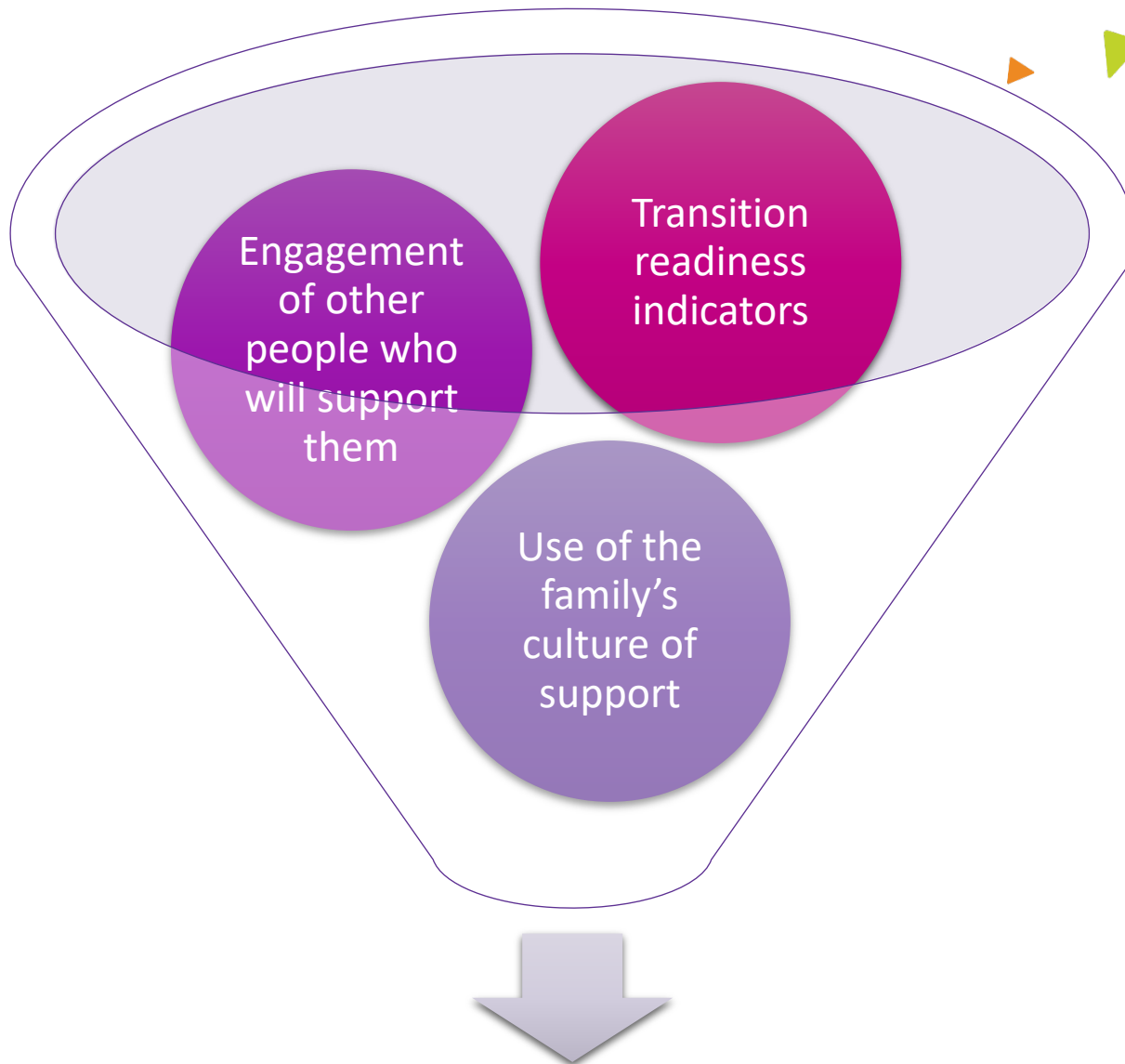
- WYClinical cannot accept copies of Plans of Care sent via regular email and place them in queue for review.

Purposeful Transition

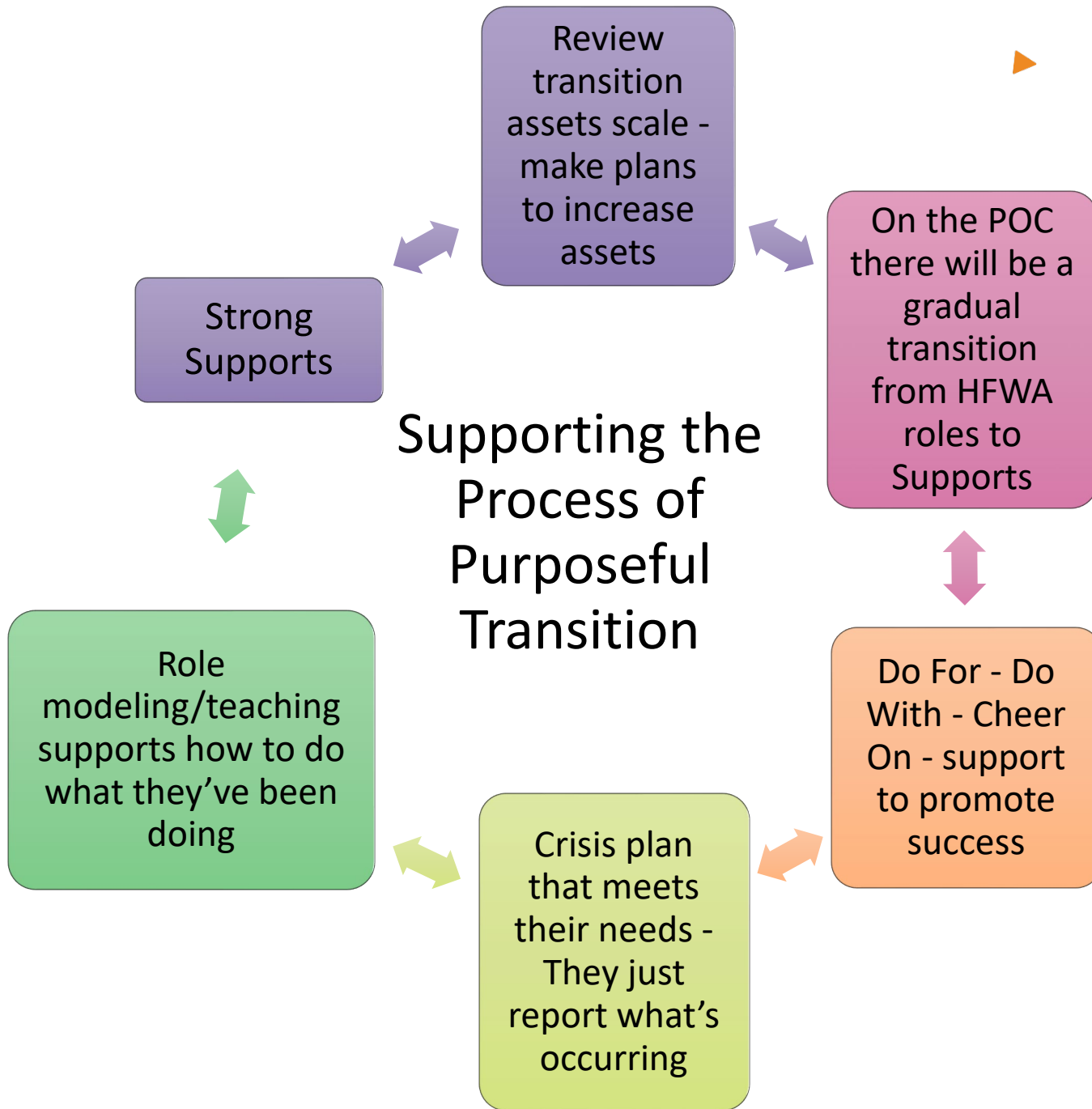
- Successful implementation is measured more in terms of **long term success** than immediate outcomes
- Staff support youth and families to prepare for transition **from the beginning** of service
- **Transition readiness** is a key goal of work with families and can be assessed concretely on an ongoing basis



“Begin
with the
end in
mind”



Purposeful Transition



Discharging from High Fidelity Wraparound



Update the following – CANS, Strengths-Needs-Cultural Discovery, Plan of Care (including the Crisis Plan), Transition Assets.

If the Signature sheet is separate from the Plan of Care, Upload it in the Documents Tab

Then in the Plan of Care – Tab 6, Other Summary and Team Details put in the Discharge info

In the Discharge Summary Details the Start Date is the date the family is discharging from HFVA

1	Family Vision and Team Strengths
2	Assessments
3	Crisis Plan
4	Needs, Outcomes, Strategies
5	Team Mission
6	Other Summary and Team Details
7	Admin Info Sheet
8	Care Coordinating Organization
9	Authorizations

DISCHARGE SUMMARY DETAILS (POC) X

Name: Henderson, DeAndre-Example II
Member ID: N0000000

Start Date:

Enrollment status:

Reason:

[Cancel](#)

Discharge Summary (Plan of Care Tab 6)



In the area the says, “Discharge Summary” write about the following:

Please indicate the first and last scores for the CASII, ECSII and CANS. What have been the family’s successes? Do the assessment scores give evidence that the family made improvements? What lessons has the family learned? Has the family moved toward or achieved their vision?

What’s the last Transition Readiness score and what does it mean:

- How will the family move forward after HFWA?
- Have they already demonstrated accessing natural and formal supports? Do they know how to bring “their team” together for the support they might need after formal HFWA ends?

How will the family belong within their community? (*this is a key point that increases success*)

- Who in their family and friends will continue to support them?
- Who in their community, both formally and informally, will support them after HFWA?

How will the family and/or the CFT celebrate the family’s discharge from HFWA?

Finalize the Discharge



- When everything is complete – enter the Discharge Date in Tab 6 – **Make sure it doesn't exceed the Prior Authorization Date**

WYClinical, WYCli... WYClinical Formal 01/01/2021 WYClinical@m...

Summary Of Services:
 Include Summary of Services Report in Plan of Care

Discharge Summary: (Add/Edit)
Discharge Date: N/A
Reason for Discharge
Discharge Notes/Needs: N/A
Linked to Adult Service and Programs?

- 4 Strategies
- 5 Team Mission
- 6 Other Summary and Team Details**
- 7 Admin Info Sheet

- The system will ask if you want to Discharge – If you click YES – you won't be able to go back in and change anything.

There are existing Discharge Note/Needs in this POC; do you want to change the member enrollment status to Discharge? **This action will close this Plan of Care.**

Yes No

- Upload a signature page to the Documents Tab
- Email WY Clinical from the Message Hub. **In the subject line put: POC Discharge Review, Client ID# _____.**

Contact Notes



THROUGHOUT HFWA – FAMILY CARE COORDINATORS SHALL MAINTAIN REGULAR CONTACT WITH THE ENROLLEE AND HIS OR HER FAMILY OR GUARDIAN. FCC'S SHALL CONTACT THE YOUTH AND THE GUARDIAN AT LEAST TWO TIME PER MONTH BASED ON THE FAMILY'S PREFERRED CONTACT TYPE

How to Write a Progress Note



How

- Objectively – use facts, not opinions, Contact Notes can be subpoenaed
- Add quotes from the family
- Relate the note back to the Plan of Care
- Progress note time is reported in both actual time and units and 1 unit = 15 min. If there are less than 8 min = 0 units. If it's more than 8 min = 1 unit

What

- Extent of the services and care (what you're doing as related to the Plan of Care)
- The family and youth's successes
- The natural supports
- The family and/or youth making decisions
- How people are working together and any needed resources

Contact Notes

Billable vs Non-billable Notes

- Billable Contact Notes require Service and Purpose Information
- Non-billable Notes have more flexibility in requirements
- **SAVE** then **SIGN**
- It can be edited until all required signatures can be gathered.
- Program Directors will need to sign all Contact Notes – they are locked after 30 days
- To delete a note you will need to email emailwyclinical@magellanhealth.com

ADD/EDIT CONTACT/SERVICE NOTE [X]

Client Name:
Case Number: --
Medicaid ID:

Service Note Id:

* Date of Contact:

* Person making contact:

Team Members: Select [All](#) [None](#)

* Person(s) contacted: (Client)
 Facilitator, Amanda (*Facilitator)
 Other

Others:

* Is this a Formal Contact?
 Yes No

Start Time:

* Type of contact:

* Setting for Contact:

* Length of Contact: Minutes

Travel Time: Minutes

Need Statements: [\(Add/Edit\)](#)

Assessments: [\(Add/Edit\)](#)

Critical Incident Reports



AN INCIDENT THAT CREATES A SIGNIFICANT RISK OF SUBSTANTIAL OR SERIOUS HARM TO ONE OF THE HFWA MEMBERS



Critical Incident Reports



- Documentation should be succinct
- Incident reports should be “under the HFWA professionals watch” so an event that happened in the past that has been reported
- The Crisis Plan should be updated to address emerging needs and include interventions/supports that will prevent future incidents
- Must be completed within 24 hours of knowledge of the incident

In case of suspected abuse, neglect, abandonment, or exploitation, immediate action is required.

•Contact local law enforcement or DFS to make a mandatory verbal report.

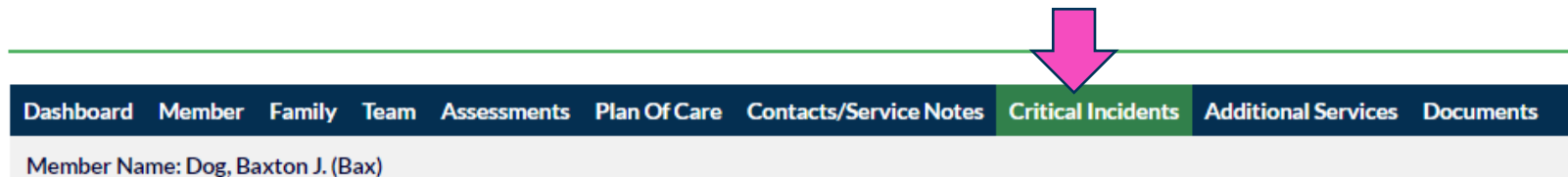
- In the information include the following:
 - What occurred
 - When it happened
 - Where it happened
 - Who was involved
 - Resolution



Critical Incidents



- Initial Incidents - use the add button for the first incident
- When there are subsequent Incidents that are related to the first one - use the hyperlink to add them



ADD CRITICAL INCIDENT

Member Name: Dog, Baxton J. (Bax)
Case Number: --
Medicaid ID: N254545454

* Date of Incident:

Date Entered:

* Critical Incident Code/Description:

* Is this the Initial Incident?

Critical Incident Details: [\(Add/Edit\)](#)

Additional Services



Dashboard Member Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents **Additional Services** Documents

Member Name: Dog, Baxton J. (Bax)

Case Number: --

Organization Name: Uplift Wyoming

Work Flow

- Providers will be using this area to review information

Document Uploads



- Level of Care
- Signatures Sheets when electronic signature is not used
- Additional Documentation
- **DO NOT use any label that are “letters” – these are for Magellan’s use**

Add Documents - (Maximum file size allowed is 5MB!)

No file chosen

Drag file here to upload

Select Label:

Existing Documents

Select	Name	Label	Date Added	Actions Available
<input type="checkbox"/>	TeamMeetingAttendanceWithSignature-Regular-6-23-2016.pdf	Team Meeting	06/22/2016	View Download Delete
<input type="checkbox"/>	Youth Examination Consent Form (2).pdf	Misc	03/31/2017	View Download Delete

FidelityEHR Quick Query – Authorization Report



Sharon Weber
39 Magellan Of Wyoming

Menu



Tuesday
January 19, 2021
5:03:44 PM

HOME

ENROLLMENT

QUICK QUERY

REPORTS

SERVICES

BILLING

Dashboard Member Family Team Assessments **Plan Of Care** Contacts/Service Notes Critical Incidents Additional Services Documents

Member Name: Testcase, Juanita

Case Number: --

Organization Name: --

Plan Of Care (POC)

Add

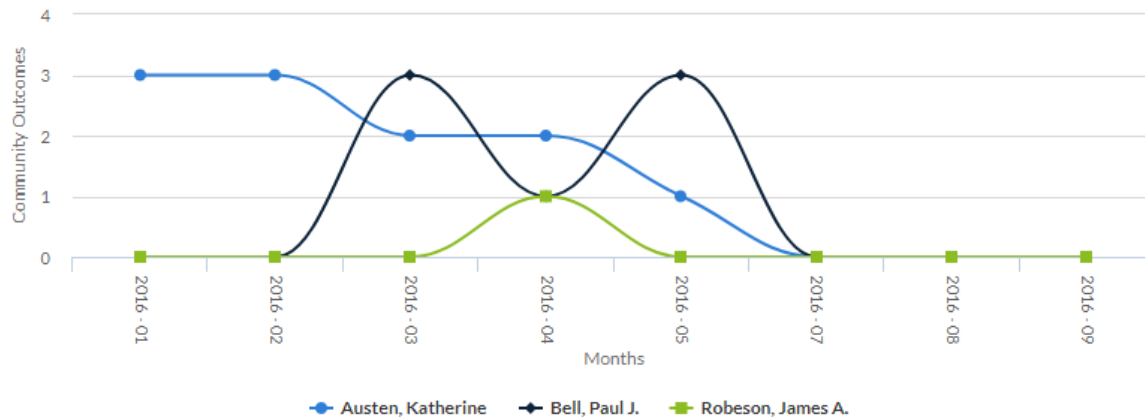
Menu > Reports > Enrollment Authorization Details

- Easiest way to view your report is to export it to Excel
- As of 1-20-21 Units used is not functional but is in the plans
- It can be set up to pull a report regularly

FidelityEHR Reporting



Community Outcomes



FidelityEHR provides multiple tools to quickly access data, build, and customize reports. This ability will be tied to the role you have in your agency.

▼ Austen, Katherine

YID	Overall Functioning N	Overall Functioning T	Review Date
54419	0 No		7/27/2016
54419	0 No		8/26/2016
54419	0 No		9/25/2016
54419	1 Yes, minor difficulties		5/20/2016
54419	2 Yes, definite difficulties		3/21/2016
54419	2 Yes, definite difficulties		4/20/2016
54419	3 Yes, severe difficulties		1/21/2016
54419	3 Yes, severe difficulties		2/20/2016

▼ Bell, Paul J.

YID	Overall Functioning N	Overall Functioning T	Review Date
54418	1 Yes, minor difficulties		4/9/2016
54418	3 Yes, severe difficulties		3/10/2016
54418	3 Yes, severe difficulties		5/9/2016

▼ Robeson, James A.

YID	Overall Functioning N	Overall Functioning T	Review Date
54887	0 No		3/11/2016
54887	1 Yes, minor difficulties		4/10/2016



FidelityEHR Training Support

For Support in using FidelityEHR please outreach your Magellan of Wyoming team.

Sharon Weber – sweber@magellanhealth.com

Shelli Stewart - wyprowider@magellanhealth.com





Thank you!
Magellan in Wyoming
&
FidelityEHR

