# Plan of Care (POC) FAQ

## 1. Q: When do providers have to have all POC's on the new form?

**A:** All plans should be updated by the end of December. You can update when you have your next Child and Family Team meeting

#### 2. Q: When and who comes up with the Family Vision and Team Mission?

**A:** Family vision- created before team meeting by the family only (with Wraparound Facilitator assistance)

Team mission is created by the entire team during the first full (30 day) Wraparound Team Meeting.

### **3. Q:** Where do you add Meeting Minutes?

**A:** There is no specific meeting minute section; this can be a separate document that you will attach as a separate document along with the POC. This is only for CSED Waiver funding source.

## 4. Q: What do we put at the anchor date?

**A:** Anchor date is specific to CSED. The annual date assigned in the CSED waiver which the member's medical eligibility must be recertified and is determined by the anniversary date that is the first day of the month following the date when initial medical eligibility. This is not needed for BBH or BSS funding sources.

#### **5. Q:** Does the POC replace the Master POC for CSEDW?

A: Yes, the new POC document Is used for all POC for CSEDW.

#### **6. Q**: Are the last few pages specific for CSEDW?

**A:** The last few pages are specific to CSED. If your funding source is not CSEDW, the last few pages are not to be filled out. You will still complete the Assessments pages regardless of funding source

## 7. Q: Is Section D also for CSEDW?

A: Section D is for all WV Wraparound funding sources through BBH, BMS, and BSS.

#### **8. Q:** What do you fill out within the first 7 days.

**A:** The information that you gathered within the 7 days is to be added to the POC. A1-A2. B1-B3, C1-C2 and possibly Functional Strengths, some of Ground Rules, & Family Vision. By the 30-day time frame, the document should have all relevant information needed for whatever funding source to complete the plan.

#### 9. Q: Do we fill out the therapy part? Fill out all boxes and supports on there even if not provided.

**A:** Still follow policy – CSED-funded families have therapist attend and they provide treatment plan. If a therapy plan is required, please attach that as well. But the tasks and goals on therapy plan should be reflected in Section D

## 10. Q: Does the POC have to be new every month?

A: Each month you are adding on and adjusting the plan, not creating a new one with a blank form.

## 11. Q: Are we allowed to choose which program is best for our families?

**A:** This is not withing the realm of the POC or Marshall University. Please reach out to your state partners.

## 12. Q: If there are 15 therapy goals how does that translate?

**A:** Therapy itself will fit under an identified underlying need. You can always put specific therapy goals/strategies under a need.

## 13. Q: Is this POC the same across all three programs?

A: Yes. BSS BBH and BMS are all a part of WV Wraparound and will all use the same POC document.

# **14. Q:** We are doing a transfer and the child has the old POC currently. Do we need to transfer information to a new POC to transfer to another agency for facilitation?

**A:** Whoever leads the next meeting after October 1<sup>st</sup> would be the one to transfer the information to the new POC.

## 15. Q: With CSED, is it every 90 days instead of every month?

**A:** CSED Waiver policy states a formal review and update every 90 days. You can have informal meetings and review every 30 days or if the need arises for a SLE meeting. Please refer back to CSED policy or reach out to your Aetna Care Manager for more information or clarification.

#### **16. Q:** Is it acceptable to put N/A on the BASC section of the referral?

**A:** If the member is a part of CSED they will have information to add to this section. You can reach out to Kepro if you need the information.

## 17. Q: Are we adding both reactive and proactive steps in the Crisis Plan?

**A:** Yes, as much as possible; we need to include proactive and reactive steps. High fidelity Wraparound says that we should complete proactive steps first. Least restrictive -> most restrictive.

#### **18. Q:** Is there a section for the therapy plan?

**A:** The therapy plan will be integrated into Section D. If there is a separate document from the therapist, please attach to the POC.

#### 19. Q: Are you elaborating on Section J or is it for data input?

A: This section is for data and other attachments.

**20. Q:** Is Aetna included in identifying team member strengths since Aetna does not provide direct care services and sometimes may not be in the plan of care meetings?

**A:** If you are at the table and you are part of the team, you will have strengths. If you are not at the POC meetings and you are just a resource, you would not necessarily have a strength. All people should be noted on in the Contact List.

**21. Q:** When does the Wraparound Facilitator start including the progress section on the Plan of Care if it is established at the Master meeting regarding CSEDW? Should progress still be included in that POC?

**A:** No, the 30 day first initial POC should not have any progress. However, after the first Wraparound Team Meeting, the second POC should have progress shown. Date progress on each POC update when tracking progress.

**22. Q:** Regarding CSEDW, Kepro included natural disasters, etc. in the crisis plan. Do these still need to be included?

A: Yes.

- 23. Q: In CSEDW, are we able to hold Wraparound meetings/POC meetings without the youth present?

  A: If the youth cannot be present, you may request an exemption from Aetna
- **24. Q**: If the family or the youth is saying they don't want to participate, but the family is present and they have all the paperwork filled out, can we continue with Wraparound?
  - A: Please refer to your specific policy. For the CSED waiver please see #23.
- **25. Q:** Can we approve the Plan of Care if the youth isn't there?

A: Please refer back to your specific policy. For the CSED Waiver please see #23

- **26. Q:** Should the POC sent out to the family include the clinical information as well? Or should the POC clinical information be retained for those who need it?
  - A: The youth and family should receive all pages of the POC.
- **27. Q:** When transferring from the previous plan, to this one, we had specific documents such as the CANS, etc., attached. Are those still needed?

**A:** All attachments needed for the program should be attached to the POC. This includes the meeting minutes, etc.