

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/9/08	Reviewed: 5/23/11 By: SK Last Revision: 12/8/10	Section: ADMINISTRATION	Policy No: 049	Pages: 1 of 3 (1 Attachment)
☐ Wraparound ☒ Wraparound-REACH ☐ FISS ☐ Project O-Yeah	Effective Date: 1/1/11	Subject: ENROLLMENT CRITERIA - REACH			

I. POLICY

It is the policy of Wraparound Milwaukee to follow specific guidelines/procedures in enrolling youth and families into the Wraparound Milwaukee REACH program. The purpose of this policy is to clarify enrollment procedures and criteria, and to provide Care Coordinators with direction upon assignment of new youth and families.

II. ENROLLMENT CRITERIA

A. The Enrollment Criteria is as follows:

1. Youth must have Title 19/Medicaid.
2. **Residency** - The parents, guardian or primary care giver of eligible children and youth will live in Milwaukee County.
3. **Age** - Eligible youth will be from birth through 19 years of age.
4. **Severe Emotional Disturbance** - Eligible youth will be determined to have severe emotional disturbance.
5. **Imminent Risk of Placement** - Eligible youth will be in an out-of-home placement or at imminent risk of admission to a psychiatric hospital or placement in a residential care center or juvenile correctional facility.
6. **Non-Nursing Home** - Eligible youth will not be residents of a nursing facility at the time of enrollment.
7. **Non-Psychiatric Hospital** - Eligible youth will not be residing in a psychiatric hospital or a psychiatric unit of a general hospital at the time of enrollment.

B. Definition of Severe Emotional Disturbance and Eligibility Criteria for Wraparound Milwaukee – REACH program.

The following definition will be used for Severe Emotional Disturbance. The disability must show evidence of points 1, 2, 3 and 4 below.

1. The disability must have persisted for six months and be expected to persist for a year or longer.
2. A condition of severe emotional disturbance as defined by: A mental or emotional disturbance as listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM IV). Youth must have a current (within the last year) DSM IV Diagnosis.
3. Functional Symptoms and Impairments – the youth must exhibit either a or b below.
 - a. Symptoms - the individual must have one of the following:
 - 1) Psychotic Symptoms - Serious mental illness (e.g., Schizophrenia characterized by defective or lost contact with reality, often with hallucinations or delusions).
 - 2) Danger to self, others and property as a result of emotional disturbance. The individual is self destructive (e.g., at risk for suicide, runaway, and/or at risk for causing injury to persons or significant damage to property).
 - b. Functional Impairment - in two of the following capacities (compared with expected developmental level):
 - 1) Functioning in Self Care - Impairment in self care is manifested by a person's consistent inability to take care of personal grooming, hygiene, clothes and meeting of nutritional needs.

- 2) Functioning in the Community - Impairment in community function is manifested by a consistent lack of age appropriate behavioral controls, decision-making, judgment and value systems which results in potential involvement or involvement with the juvenile justice system.
 - 3) Functioning in Social Relationships - Impairment of social relationships is manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults.
 - 4) Functioning in the Family - Impairment in family function is manifested by a pattern of disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or parents, disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations and expectations which may result in removal from the family or its equivalent).
 - 5) Functioning at School/Work - Impairment in functioning at school is manifested by the inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage or violence toward others); meeting the definition of “child with exceptional educational needs” under ch. PI 11 and 115.76(3) Wis. Stats.; or impairment at work is the inability to be consistently employed at a self sustaining level (e.g., inability to conform to work schedule, poor relationships with supervisor and other workers, hostile behavior on the job).
4. The individual is receiving services from two or more of the following service systems.
- a. Mental Health Services.
 - b. Social Services.
 - c. Child Protective Services.
 - d. Juvenile Justice Services.
 - e. Special Education Services.

III. PROCEDURE

- A. REACH referrals are made by calling (414) 257-7607.
- B. A REACH Screener will complete intake form and submit to support staff for entry into Synthesis, Wraparound Milwaukee’s information management system, as a pending referral.
- C. A Screener/Assessment Worker will meet with the youth and family and gather collateral data to determine eligibility. The Enrollment Request form (*see Attachment*) will be signed at this time, if eligibility looks probable.
- D. If all criteria are met, but the youth does not have a current DSM IV diagnosis, he/she will be referred to the Mobile Urgent Treatment Team for a face-to-face assessment.
Note: A DSM IV diagnosis is considered current if it has been made within the past year.
- E. If it is determined that the youth does not meet eligibility, the Screener or designee will provide family members with suggestions for alternative resources.
- F. A REACH Screener will give the enrollment packet to the Enrollment Coordinator for approval and assignment to a Care Coordination Agency.
- G. The Enrollment packet is then given to support staff for entry into Synthesis as an enrollment.
- H. Referral folders are available to Care Coordinators at the enrollment date. The folder contains all information available to Wraparound Milwaukee regarding the youth, enrollment consents and forms.

- I. Care Coordinators have 5 business days to make contact with the family and complete the enrollment process, which includes:
 - 1. Review all forms and Family Handbook with the family.
 - 2. Ensure that the family has transportation to the first available Family Orientation session.
 - 3. Ensure that the Consent Forms are signed by the parent/guardian and youth, if age 14 or older.

Reviewed & Approved by: Bruce Kamradt
Bruce Kamradt, Director



MILWAUKEE COUNTY WRAPAROUND MILWAUKEE

Director – Bruce Kamradt

ENROLLMENT REQUEST

Medicaid Member ID Number _____

Participant Name _____
(Last) (First) (M.I.)

Date of Birth: _____ Enrollment Start Date: _____

By signing below, I indicate that I wish to participate in the Wraparound Milwaukee (WAM) program and voluntarily enroll myself in the program. The ways that this affects my health care coverage are listed below and were explained to me:

If I currently have Title 19 coverage, I understand that I will be enrolled in the Wraparound Milwaukee HMO program through T19, which will be responsible for payment for all of my behavioral health and alcohol- and drug-related services. I am aware that if I am currently seeing any behavioral health providers who are not part of the Wraparound Milwaukee network, I will need to switch to providers who are part of the Wraparound Milwaukee network.

If I am currently in a Title 19 HMO for health care, I understand that my coverage for **physical health care will now be provided through Straight Title 19** (also called fee-for-service). I am aware that my current physical health care providers may not accept straight Title 19 insurance; in those instances, I will need to switch to a new physical health care provider during my enrollment in Wraparound Milwaukee.

If I have private insurance coverage, that carrier will remain the primary insurer for both physical and behavioral health care. As a secondary payor source, Wraparound Milwaukee will pay for any behavioral health and alcohol- and drug-related services that are part of my Plan of Care which are not covered by my private insurance. If a placement in a group home, residential care or foster care occurs, I will become eligible for Title 19 during that placement, but my private health insurance will remain the primary insurer.

If I have no insurance, my care coordinator will work with me to see if I qualify for any type of Medicaid or Title 19 services. If I do qualify, I will be enrolled in the Wraparound Milwaukee HMO for behavioral and drug- and alcohol-related services, and in straight Title 19 for physical health services. If I do not qualify, Wraparound Milwaukee will pay for any behavioral or drug- and alcohol-related services that are part of my Plan of Care.

Enrollee's signature
(if age 18 or older)

Date

Legal guardian's signature
(if enrollee under age 18)

Date

FOR EDS USE:

Enrollment is:

APPROVED / DENIED
(circle one)

If denied, reason: _____

Effective start date: _____

County of residence listed for recipient: _____

Phone (414) 257-7611 – 9201 Watertown Plank Road, Milwaukee, Wisconsin 53226 – Finance Dept. FAX (414) 257-7575