

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 11/8/11 DT Last Revision: 11/17/11	Section: ADMINISTRATION	Policy No: 017	Pages: 1 of 3 (3Attachments)
	<input checked="" type="checkbox"/> Wraparound <input type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input type="checkbox"/> Project O-Yeah	Effective Date: 1/1/12	Subject: ENROLLMENT CRITERIA - Wraparound		

I. POLICY

It is the policy of Wraparound Milwaukee to follow specific guidelines/procedures in enrolling youth and families into the Wraparound Milwaukee 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. **Residency** - The parents, guardian or primary care giver of eligible children and youth will live in Milwaukee County **unless an exception has been made by the Enrollment Coordinator**.
2. **Age** - Eligible youth will be from birth through 18 years of age.
3. **Severe Emotional Disturbance** - Eligible youth will be determined to have severe emotional disturbance.
4. **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 an out-of-home setting or juvenile correctional facility.
5. **Non-Nursing Home** - Eligible youth will not be residents of a nursing facility at the time of enrollment.
6. **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.

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, judgement 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

1. Central Staffing Teams at the Bureau of Child Welfare and Children’s Court will continue to identify youth who may be at risk of out-of-home placement, but could be evaluated for alternative community placements.
2. Wraparound Milwaukee will receive those referrals for youth needing assessment. A Screener/Assessment Worker from Wraparound Milwaukee will meet with the youth and families, contact collateral supports and then make recommendations to the Court. Screeners will have the Enrollee and/or legal guardian sign and date the ENROLLMENT REQUEST FORM (*see Attachment 1*), the FINANCIAL FACT SHEET (*see Attachment 2*) and the initial [AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION form](#) (*see Attachment 3*), if the youth/individual is appropriate for enrollment. Youth who are appropriate for enrollment in Wraparound are youth who are at risk of out-of-home placement and are severely emotionally disturbed. If the youth does not have a DSM IV Diagnosis, the Screener can request a psychological evaluation in Court. If the youth is enrolled without a current DSM IV Diagnosis (diagnosed within the last year), a psychological evaluation/DSM IV Diagnosis must then be sought for the youth by the assigned Care Coordination Agency. The youth must undergo an evaluation and be given a DSM IV Diagnosis within the first 30 days after enrollment into Wraparound Milwaukee, regardless of where the youth resides.

The Care Coordination Agency’s Consulting Psychologist/Psychiatrist or a Wraparound Milwaukee affiliated Psychologist/Psychiatrist can provide the evaluation or diagnosis.

The Psychologist must possess at least a Ph.D. The Psychologist and/or Psychiatrist must also possess a current valid license. In providing a DSM IV Diagnosis, the following criteria must be met:

WRAPAROUND MILWAUKEE

Enrollment Criteria – WM Policy

Page 3 of 3

- a. A psychological / psychiatric evaluation must include mental health status examination information.
 - b. The Psychologist / Psychiatrist must provide an AXIS I-V Diagnosis.
3. All youth enrolled in Wraparound Milwaukee must have a Dispositional Court Order for Wraparound Milwaukee/RCCCY. Care Coordinators are assigned following a discussion with Agency Supervisors. Enrollment is effective the day the youth is assigned to a Care Coordinator.
 4. Wraparound Milwaukee will make referral packets available to Care Coordinators on the enrollment date. The referral packet contains all information available to Wraparound Milwaukee regarding that youth, enrollment consents and forms.
 5. Care Coordinators need to initiate immediate contact with the youth, family and referral sources (Probation Officer or Bureau of Child Welfare Workers). Since some of the youth are residing in an assessment and stabilization center awaiting services and placement at the time of enrollment, it is imperative that Care Coordinators develop a Child and Family Team as soon as possible.
 6. **Care Coordinators must have the parent / legal guardian and youth over the age of 14 sign the forms included in the referral packet within the first seven (7) days of enrollment. Care Coordinators must review all information included in the enrollment packet, especially the Family Handbook, with the family in a face-to-face contact within the first seven (7) days. Care Coordinators must also assure that the family has transportation to the first available Family Orientation session.**

Reviewed & Approved by: _____



Bruce Kamradt, Director

Wraparound Milwaukee / REACH / Project O’YEAH Financial Fact Sheet



What is Wraparound Milwaukee?

Wraparound Milwaukee (which includes REACH and Project O’YEAH) is a Medicaid managed care program. Wraparound is a system of coordinated mental health care and supportive services designed for children and young adults with serious emotional and mental health needs. Wraparound Milwaukee has provided services to youth and families since 1994 and became a special managed care program in 1996.

What Does Wraparound Milwaukee Provide as a Managed Care Program?

Wraparound Milwaukee and its network of providers arranges for and/or provides mental health, AODA (Alcohol or Other Drug Abuse services), care coordination and other supportive services to its enrollees. **Wraparound Milwaukee does not cover medical/physical conditions** like some other managed care programs. **If you are currently covered by a Title 19 HMO, your medical and dental care will switch to Straight T19 for the duration of your enrollment in Wraparound.** If you are currently covered by private insurance, your existing insurance carrier will continue to provide the same level of medical and/or dental coverage that you have now.

What Types of Services Are Available?

Because the Wraparound Milwaukee HMO specializes in the care of children and young adults with serious emotional and mental health needs, we offer a more extensive array of mental health services and supports than most HMO’s can offer. Some of the specific mental health services covered are:

- Care coordination
- Mental health outpatient therapy
- Intensive in-home therapy
- Interpretive services for mental health needs
- Evaluation
- Outpatient AODA Services
- Medication Management
- Inpatient psychiatric mental health care
- Crisis Services

What About Coverage for Medical and Dental Services?

If you have coverage through a private insurance plan: The enrollee remains in that plan for physical health care.

If you have coverage through Title 19 (whether through an HMO or straight T19): The enrollee will switch to Straight Title 19 for physical health and dental care during the duration of the enrollment in Wraparound. Not all medical and dental care providers accept straight Title 19 insurance, so you may need to switch to new medical providers / dentists during enrollment. You can contact your physician’s or dentist’s office to see if they accept Straight T19 for payment.

(Continued on back)

I have read and received a copy of this document

Enrollee

Date Signed

Parent/Guardian

Date Signed

What About Transportation and Prescription Drugs?

While you are in the Wraparound Milwaukee HMO, your prescription drugs and transportation to medical and Medicaid-covered mental health services are covered under **Straight T19** (not Wraparound Milwaukee). Providers must bill these services directly to Wisconsin Medicaid / Forward Health.

If transportation is needed for a non-Medicaid service, the care coordinator / transition specialist will work with you and/or your family to arrange for this transportation. Enrollees and families can refer transportation and medication providers to the Wraparound Finance Office at (414) 257-7597 if providers have any questions about coverage for this service.

What About Medication Management?

If you are in the regular Wraparound program or Project O'YEAH, your care coordinator / transition specialist will arrange for medication management to be provided by one of the psychiatrists in the Wraparound Provider Network.

For youth in REACH, medication management will generally be provided by Dr. Dennis Kozel, who is the Child Psychiatrist in the REACH program. Exceptions may be made in special circumstances such as if your child is currently seeing a bilingual psychiatrist, etc. Appointments with Dr. Kozel can be made by calling the REACH Medication Clinic at 257-7314. As your child nears disenrollment from REACH, Dr. Kozel, his staff and your care coordinator will work to coordinate transition to a community provider for any on-going medication needs.

What are the Differences Between Services in the Regular Wraparound Program, the REACH Program and Project O'YEAH?

The mental health, AODA and care coordination services provided by REACH, Project O'YEAH and regular Wraparound are the same. The difference for youth enrolled in regular Wraparound is that out-of-home placement services can be provided because Wraparound services are part of a court order. Placement services cannot be provided in the REACH program or Project O'YEAH.

What Kind of Insurance Card Will I Have?

You will receive a white plastic ID card called the FORWARD HEALTH card which is the permanent ID for enrollees in the Wisconsin Medicaid and Badger Care Programs. When going to a provider for any service, it is important to have the card with you so the provider can verify eligibility for Medicaid covered medical (through Straight T19) and mental health (through Wraparound) services.

Who Can I Contact if I Have any Questions?

If you have any questions now or in the future about your coverage through the Wraparound Milwaukee HMO, contact:

**Janet Friedman, Finance Director
Wraparound Milwaukee
9201 Watertown Plank Road
Wauwatosa, WI 53226
(414) 257-7597**



PURPOSE OF INFORMATION RELEASE/EXCHANGE:

Release / exchange of mental health (Enrollment notification and information, Plan of Care – including diagnosis/prognosis, and Progress Reports) AODA (Alcohol and Other Drug Addiction), physical health and school progress information that will be used to plan and provide for the care, treatment and services for:

(Youth's Name)

(Date of Birth)

I authorize Wraparound Milwaukee, its contracted Care Coordination Agencies, and the Mobile Urgent Treatment Team to release and exchange information with staff at the agencies identified below. Information may be shared verbally or in writing.

Place your initials in the box next to the agency name to authorize information release/exchange.

<u>AGENCY NAME</u>	<u>ADDITIONAL INFO. TO BE RELEASED/EXCHANGED</u>
<input type="checkbox"/> Insurance Carrier - Medicaid / Title 19	_____
<input type="checkbox"/> Insurance Carrier – Other _____ (Insurance Company Name)	_____
<input type="checkbox"/> Bureau of Milwaukee Child Welfare	_____
<input type="checkbox"/> Milwaukee County Children's Court	_____
<input type="checkbox"/> Wraparound Education Advocates _____ Chris Shafer, Laverne Lunde, Shirley Fishman	_____
<input type="checkbox"/> Families United of Milwaukee, Inc. (Family Advocacy Agency)	_____
<input type="checkbox"/> Milwaukee Public Schools _____ (School Name)	_____
<input type="checkbox"/> Other Schools _____ (School Name)	_____
<input type="checkbox"/> Primary Care Physician _____ (Physician	_____
<input type="checkbox"/> Other-Name _____ (Clinic Name /	_____
Address: _____	_____

Youth in Wraparound and REACH are also encouraged to participate in our **Wraparound Youth Council and Clubhouse** activities. By initialing here you authorize Youth Council representatives to contact your child directly regarding activities and events.

CONSENT FOR INFORMATION TO BE USED IN RESEARCH

I give my consent for non-identifying data obtained during my enrollment to be used for research to evaluate the effectiveness of the program. No information that is presented will contain any identifying personal information.

EXPIRATION OF AUTHORIZATION / WITHDRAWAL OF AUTHORIZATION

If not specified below, I understand that this Authorization to Release/Exchange Information EXPIRES 12 MONTHS from the date it is signed. I understand that I may cancel this authorization at any time (see back of sheet for instructions). This cancellation does not include any information that has been shared between the time I gave my consent to share information and the time that the consent was canceled.

This authorization expires on the _____ day of _____, 20_____.

REDISCLASURE NOTICE: I understand that information used or disclosed based on this authorization may be subject to re-disclosure and no longer protected by Federal privacy standards.

_____ Parent or Legal Guardian Signature	_____ Date
_____ Youth Signature (age 14 and older should sign)	_____ Date
_____ Witness Signature	_____ Date

PARTICIPANT RIGHTS RELATED TO AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to Receive Copy of This Authorization - I understand that if I sign this authorization, I will be provided with a copy of this authorization.

Right to Refuse to Sign This Authorization - I understand that I am under no obligation to sign this form and that Wraparound Milwaukee may not condition treatment, payment, or enrollment on my decision to sign this authorization.

Failure to Sign - I understand that failure to sign this authorization may severely limit the treatment / service options available for my child or family. If my child is enrolled in Wraparound Milwaukee as part of a court order, I understand that failure to sign this form may result in a request to the courts to modify the court order that allows for enrollment in the Wraparound Milwaukee program.

Right to Withdraw This Authorization - I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to Pamela Erdman, Wraparound Milwaukee Quality Assurance. (The statement must be dated and signed). I am aware that my withdrawal will not be effective until received by Wraparound Milwaukee and will not be effective regarding the uses and/or disclosures of my health information that Wraparound Milwaukee has made prior to receipt of my withdrawal statement

Right to Inspect or Copy the Health Information to Be Used or Disclosed - I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information I have authorized to be released/exchanged by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting Pamela Erdman in the Wraparound Milwaukee Quality Assurance Department.

HIV Test Results - I understand my child's HIV test results may be released without authorization to persons/organizations that have access under State law and a list of those persons/organizations is available upon request.

Submit your written requests for withdrawal to:

Ms. Pamela Erdman, Wraparound Milwaukee Quality Assurance Director
Wraparound Milwaukee Administrative Offices
9201 Watertown Plank Road
Milwaukee, WI 53226 Phone: (414) 257-7608