WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 10/23/12 DT Last Revision: 10/25/12	Section: ADMINISTRATION	Policy No: 017	Pages: 1 of 3 (3Attachments)
☒ Wraparound ☐ Wraparound-REACH ☐ FISS ☐ Project O-Yeah	Effective Date: 1/1/13	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 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

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, review with Wraparound clinical staff 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 1/1a for Spanish)*, the FINANCIAL FACT SHEET (*see Attachment 2/2a for Spanish*) and the initial AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION form (*see Attachment 3/3a for Spanish)*, 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 will request this information from previous or current mental health providers. If that information does not contain a DSM IV Diagnosis, the Screener will request that a psychological evaluation be conducted. 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:

a. A psychological / psychiatric evaluation must include mental health status examination information.
b. The Psychologist / Psychiatrist must provide an AXIS IV 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

Bruce Kamradt, Director

WRAPAROUND MILWAUKEE
Enrollment Criteria – WM Policy
Attachment 1

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

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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

MILWAUKEE COUNTY
WRAPAROUND MILWAUKEE

Director – Bruce Kamradt

ENROLLMENT REQUEST

Numero de Membresía _____

Nombre del Participante _____ _____ _____
(Apellido) (Nombre) (Inicial)

Fecha de Nacimiento: _____ Fecha de Matricula: _____

Al firmar abajo, indico que deseo participar en el programa Wraparound Milwaukee (WAM) y voluntariamente me matriculo en el programa. Las maneras en que esto afecta mi cobertura de seguro medico están listadas abajo y se me fueron explicadas:

Si actualmente tengo cobertura de Titulo 19, entiendo que seré matriculado en el programa de HMO de Wraparound Milwaukee a través de T19, el cual será responsable de los pagos de todos mis servicios de salud del comportamiento y relacionados a drogas y alcohol. Entiendo que si actualmente estoy siendo atendido por algún proveedor de salud del comportamiento que no es parte de la red de proveedores de Wraparound Milwaukee, necesito cambiar a un proveedor que sea parte de la red de proveedores de Wraparound Milwaukee.

Si actualmente tengo Titulo 19 HMO para cuidados de salud, entiendo que mi cobertura para **cuidados de salud física serán proveídos ahora a través de Straight Titulo 19** (también llamado honorario por servicio). Entiendo que si mi actual proveedor de salud física no acepta el seguro de straight Titulo 19; en esas instancias, necesitare cambiar a un nuevo proveedor durante mi matricula en Wraparound Milwaukee.

Si tengo cobertura por un seguro privado, este será mi seguro primario para los cuidados de salud física y del comportamiento. Como la segunda fuente de pagos, Wraparound Milwaukee pagara por cualquier servicio de salud del comportamiento y relacionado con drogas y alcohol que son parte de mi Plan de Cuidados los cuales no son cubiertos por mi seguro privado. Si es colocado en un albergue, cuidados residenciales o acogida temporera ocurre, seré elegible para Titulo 19 durante mi estadía, pero mi seguro privado de salud seguirá siendo mi seguro primario.

Si no tengo seguro medico, mi coordinador de cuidados trabajara conmigo para ver si cualifico para cualquier tipo de servicios de Medicaid o Titulo 19. Si cualifico, seré matriculado en el HMO de Wraparound Milwaukee para servicios del comportamiento y relacionado con drogas y alcohol, y en straight Titulo 19 para servicios de salud física. Si no cualifico, Wraparound Milwaukee pagara por cualquier servicio de comportamiento y relacionado con drogas y alcohol que son partes de mi Plan de Cuidados.

_____ _____ _____ _____
Firma del Matriculado (si es mayor de 18 años de edad) | Fecha | Firma del guardián legal (si es menor de 18 años de edad) | Fecha

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PARA EL USO DE EDS:
La Matricula es: APROBADO / DENEGADO
(circule uno)

Si denegado, razón:
_____

Fecha Efectiva de comienzo:
_____

Condado de residencia listado para el recipiente:_____

Teléfono (414) 257-7611 – 9201 Watertown Plank Road, Milwaukee, Wisconsin 53226 – Dept. de Finanzas FAX (414) 257-7575

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

Wraparound Milwaukee / REACH / Project O'YEAH
Hoja de Datos Financieros

¿Qué es Wraparound Milwaukee?

Wraparound Milwaukee (el cual incluye REACH y Proyecto O'YEAH) es un programa de cuidados manejado por Medicaid. Wraparound es un sistema de cuidados de salud mental y servicios de apoyo diseñado para niños y jóvenes con serias necesidades de salud mental y emocional. Wraparound Milwaukee a proveído servicios a jóvenes y familias desde el 1994 y en el 1996 llegó a ser un programa de cuidados especiales.

¿Qué es lo que Wraparound Milwaukee provee con su Programa de Cuidados?

Wraparound Milwaukee y su red de proveedores organiza y/o provee ayuda para salud mental, AODA (Servicios para el abuso de alcohol u otras drogas), el coordinador de cuidados y otros servicios de apoyo para los que se han matriculado. **Wraparound Milwaukee no cubre condiciones medicas/físicas** como otros programas de cuidados. **Si usted actualmente está cubierto por el Titulo 19 HMO, su cuidado dental y medico se cambiara a titulo STRAIGHT T19 por la duración de su matrícula con Wraparound.** Si usted está cubierto por un seguro privado actualmente, su compañía de seguro seguirá proveyendo el mismo nivel de cobertura médica o dental que usted tiene ahora.

¿Qué tipos de servicios hay disponibles?

Debido a que Wraparound Milwaukee HMO se especializa en el cuidado de niños y jóvenes con necesidades emocionales y de salud mental serias, nosotros ofrecemos una serie más extensa de servicios de salud mental y apoyo que las que otros HMO's ofrecen. Algunos de los servicios de salud mental que son cubiertos son:

- Coordinación de Cuidados
- Terapias de salud mental ambulatorias
- Terapia intensiva en el domicilio
- Servicios de Interpretación para las necesidad de salud mental
- Evaluación
- Servicios ambulatorios de AODA
- Administración de medicamentos
- Cuidados psiquiátricos para salud mental
- Servicios de Crisis

¿Qué sucede con la cobertura de los servicios médicos y dentales?

Si usted tiene cobertura a través de un plan de seguro privado: La persona matriculada se mantendrá en ese plan para sus cuidados de salud física.

Si tiene cobertura a través del Titulo 19 (ya sea por un HMO o straight T19): La persona matriculada será cambiado a Straight Titulo 19 para cuidados de salud física y dental por la duración de su matrícula en Wraparound. No todos los proveedores de salud y dentales aceptan el seguro de straight Titulo 19, así que tal vez usted tendrá que cambiar proveedores médicos/dentales durante su matrícula. Usted puede contactar a la oficina de su médico o dentista para ver si ellos aceptan Straight T19 como pago.

¿Qué pasa con el Transporte y las recetas?

Mientras usted este en Wraparound Milwaukee HMO, sus recetas y la transportación para servicios médicos y servicios de salud mental cubiertos por Medicaid bajo **Straight T19** (no Wraparound Milwaukee). Los proveedores deben facturar estos servicios directamente al Wisconsin Medicaid / Forward Health.

Si necesita transportación para un servicio no relacionado con Medicaid, el coordinador de cuidados / especialista de transición trabajará con ustedes y/o su familia para este tipo de transportación. Las personas matriculadas y las familias pueden deferir la transportación y los proveedores de medicamentos a la oficina de finanzas de Wraparound Office al (414) 257-7597, si los proveedores tienen preguntas acerca de la cobertura para este servicio.

¿Qué pasa con el manejo de medicamentos?
Si usted está en el programa Wraparound regular o Proyecto O'YEAH, su coordinador de cuidados/ especialista de transición tramitara el manejo de medicamentos que serán proveídos por uno de los psiquiatrías en la Red de Proveedores de Wraparound.

Para los jóvenes en el programa REACH, el manejo de medicamentos generalmente será proveído por el Dr. Dennis Kozel, quien es un psicólogo de niños en el programa REACH. Se pueden hacer excepciones en circunstancias especiales como si su hijo está viendo a un psicólogo bilingüe, etc. Las citas con el Dr. Kozel pueden hacerse llamando la Clínica de Medicamentos REACH al 257-7314. Cuando su hijo se acerque a su desinscripción del programa REACH, el Dr. Kozel, sus empleados y su coordinador de cuidados trabajaran para coordinar la transición hacia un proveedor de la comunidad para cualquier necesidades de medicamentos en desarrollo.

¿Cuáles son las diferencias entre programa de Wraparound regular, el programa REACH y el proyecto O'YEAH?
La salud mental, AODA y los servicios de coordinación de cuidados proveídos por REACH, Project O'YEAH y el programa de Wraparound son lo mismo. La diferencia para los jóvenes matriculados en el programa regular de Wraparound es que los servicios de ubicación fuera del hogar pueden ser proveídos porque los servicios de Wraparound son parte de una orden judicial. Los servicios de ubicación no pueden ser proveídos bajo los programas de REACH o el proyecto O'YEAH.

¿Qué tipo de tarjeta médica tendré?
Usted recibirá una tarjeta blanca de plástico llamada la tarjeta FORWARD HEALTH la cual será la identificación para los matriculados en los programas Wisconsin Medicaid y Badger Care. Cuando vaya a algún proveedor para cualquier servicio, es importante que tenga su tarjeta con usted para que el proveedor verifique su elegibilidad para servicios de cobertura médica de Medicaid (a través de Straight T19) y servicios de salud mental (a través de Wraparound).

¿A quién puedo contactar si tengo preguntas?
Si usted tiene preguntas ahora o en el futuro acerca de su cobertura a través de Wraparound Milwaukee HMO, contacte a:

Kenyatta Matthews, Directora Financiera
Wraparound Milwaukee
9201 Watertown Plank Road
Wauwatosa, WI 53226
(414) 257-7597

He leído y recibido una copia de este documento

_____	_____	_____	_____
Matriculado	Fecha	Padre/Guardián	Fecha

WRAPAROUND MILWAUKEE / REACH
AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION

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.

	AGENCY NAME	ADDITIONAL INFO. TO BE RELEASED/EXCHANGED
☐	Insurance Carrier - Medicaid / Title 19	
☐	Insurance Carrier – Other _____ (Insurance Company Name)	
☐	Bureau of Milwaukee Child Welfare	
☐	Milwaukee County Children's Court	
☐	Wraparound Education Advocates Chris Shafer, Laverne Lunde, Shirley Fishman	Permission to attend all IEP meetings including Manifestation Determinations, Central Office Hearings, Expulsion Hearings and Section 504 meetings.
☐	Families United of Milwaukee, Inc. *(Family Advocacy Agency)*	
☐	Milwaukee Public Schools _____ (School Name)	
☐	Other Schools _____ (School Name)	
☐	Primary Care Physician _____ (Physician	
	_____ (Clinic Name /	
☐	Other-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_____.

REDISCLOSURE 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

WRAPAROUND MILWAUKEE

AUTORIZACIÓN PARA HACER LA INFORMACIÓN PÚBLICA

PROPÓSITO DE DIVULGACIÓN:
Hacer pública información de Salud Mental y AODA (Alcohol y Otras Adicciones a Drogas) y de de salud física la cual será utilizada para planificar y proveer para el cuidado, tratamiento, y servicios para:

_____ _____
(Nombre del Joven) (Fecha de Nacimiento)

Yo autorizo a Wraparound Milwaukee, sus agencias de contrato de coordinación de cuidado, y/o el Equipo Urgente Móvil del Tratamiento Para sacar/intercambiar información relacionado con la salud incluyendo diagnosis, pronostico, de tratamiento y planificación relacionado con el nombre de la parte superior del joven en Wraparound Milwaukee para el personal apropiado y las siguientes agencias que autoricen inscripción o proveen servicios de emergencias para familias alistadas en el programa de Wraparound Milwaukee.

•Corte de los niños del condado de Milwaukee • Medicaid/Titulo 19 • Oficina del bienestar del niño de Milwaukeee
Además, yo autorizo soltar de información relacionado al nombre del joven de la parte superior para las siguientes agencias identificadas a la parte de abajo para el propósitos de planificar para y de la entrega del cuidado medico mental en curso, del cuidado medico físico y de los servicios de la educación.

PONGA UNA "X" EN LA CAJA AL LADO DEL NOMBRE DE LA AGENCIA PARA AUTORIZAR INFORMACIÓN SOLTADA

NOMBRE DE LA AGENCIA	INFORMACION QUE PUEDE SER LANZADA
☐ Familias Unidas de Milwaukee, Inc. *(abogado de la familia)*	Información Democrática solamente
☐ Abogado de la Educación de Wraparound ***Chris Shafer, Kay Frederick, Shirley Fishman***	Plan de cuidado, Diagnostico, del progreso y de los informes de la escuela
☐ Escuelas Publicas de Milwaukee _____ *(Entre Nombre de la Escuela)*	Plan de cuidado, Diagnostico, del progreso y de los informes de la escuela
☐ Otra Escuela _____ *(Entre Nombre de la Escuela)*	Plan de cuidado, Diagnostico, del progreso y de los informes de la escuela
☐ Medico Primario del cuidado _____ *(Entre el nombre del medico o de la clínica*	Plan de cuidado, Diagnostico, y informes de progreso
☐ Proveedor de Servicios Dental _____ *(Entre el Nombre del Dentista o de la clínica)*	Plan de cuidado, Diagnostico, y informes de progreso
☐ Siquiatra _____ *(Entre el Nombre del medico o de la clínica)*	Plan de cuidado, Diagnostico, y informes de progreso
☐ Otro _____ *(Entre el Nombre de la agencia o del proveedor)*	Plan de cuidado, Diagnostico, y informes de progreso

CONSENTIMIENTO PARA QUE LA INFORMACION SE USADA EN LA INVESTIGACION

Yo doy mi consentimiento para los datos de la evaluación no-que identifican obtenidos durante mi inscripción en Wraparound que se utilizara para la investigación para evaluar la eficacia del programa. Yo entiendo que la investigación puede ser presentada en conferencias, universidades y en publicaciones. Yo entiendo que la información recogida para la investigación es parte de los procedimientos generalmente de la evaluación de Wraparound. Yo entiendo que el confidencial de mi familia será protegido. Ninguna información que es presentada al público contendrá cualquier información que identifica tal como nombre, dirección o número de teléfono.

EXPIRACION DE AUTORIZACION / RETIRO DE LA AUTORIZACION

Si no especificado abajo, yo entiendo que esta **Autorización para el lanzamiento de información EXPIRA en 12 meses a partir de la fecha que fue firmado**. Yo entiendo **que puedo cancelar esta autorización en cualquier momento** (véase detrás de la hoja para las instrucciones). Esto no incluye ninguna información que se haya compartido entre el tiempo que di mi consentimiento a la información de la parte y al tiempo que el consentimiento fue cancelado.

Esta autorización expira en _____ día del _____, 20_____.

AVISO DE REVELACION: Yo entiendo que la información que se utilizo o se revelo basado en la autorización puede estar conforme a re-acceso y protegido no más por estándares federales del aislamiento.

_____ _____
Firma del Padre o Guardián Legal Día

Firma del Joven (edad de 14 años o mayor debe firmar*)* Día

Firma del Testigo | Día

LOS DERECHOS DEL CLIENTE RELACIONADOS CON LA AUTORIZACION DE LANZAMIENTO DE INFORMACION

SUS DERECHOS CON RESPECTO A ESTA AUTORIZACION:

El derecho de recibir una copia de esta Autorización – Yo entiendo que si firmo esta autorización, yo seré proporcionado una copia de esta autorización.

Derecho a Rechazar a Firmar esta Autorización – Yo entiendo que no estoy bajo ninguna obligación de firmar esta forma y que el Wraparound Milwaukee no puede condicionar el tratamiento, el pago, o la inscripción en mi decisión de firmar esta autorización.

Falta de Firma – Yo entiendo que la falta de firmar esta autorización puede limitar seriamente las opciones del tratamiento/de servicios disponibles para mi niño o familia y/o puede dar lugar a una petición a las cortes de modificar el orden judicial que permite la inscripción en el programa de Milwaukee del Wraparound.

Derecho a Retirar esta Autorización – Yo entiendo que tengo el derecho de retirar esta autorización en cualquier momento proporcionando una declaración escrita del retiro a Pamela Erdman, garantía de calidad de Milwaukee del Wraparound y no será eficaz con respeto a las aplicaciones y/o los accesos de mi información de la salud que Wraparound Milwaukee a hecho antes de recibo de mi declaración de retiro.

Derecho a Examinar o Copiar la Información de la Salud que se Utilizara o Divulgara – Yo entiendo que tengo el derecho de examinar o de copiar (puede ser proporcionado en una razonable cuota) la información de la salud que he autorizado para ser utilizado o para ser divulgado por esta forma de la autorización. Puedo arreglar para examinar mi información de la salud e obtener copias de mi información de la salud entrando en contacto con Pamela Erdman en el departamento de la garantía de calidad de Milwaukee Wraparound.

Resultado de la prueba de HIV – Yo entiendo que los resultados de la prueba de HIV de mi niño se pueden lanzar sin la autorización a las personas/a las organizaciones que tienen acceso bajo la ley del estado y una lista de esas personas/organizaciones esta disponible a petición.

Someta sus peticiones escritas para el retiro a:

Ms. Pamela Erdman, Directora de la garantía de calidad de Wraparound Milwaukee
Oficinas Administrativas de Wraparound Milwaukee
9201 Watertown Plank Road
Milwaukee, WI 53226 Teléfono: (414) 257-7608