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MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
**BEHAVIORAL
HEALTH SERVICES**

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Owner Dana James
Policy Area Wraparound
(Wrap, REACH,
youth CCS)-Care
Cord.

#017- Enrollment Criteria (HMO)

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) to follow specific guidelines/procedures in enrolling youth into the Wraparound Milwaukee HMO.

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

NOTE: This policy utilizes the term "Care Coordinator", which applies to Wraparound and REACH Care Coordinators. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.

II. ENROLLMENT CRITERIA

A. The Enrollment Criteria is as follows:

1. **Residency** - The parents, legal guardian or primary caregiver of eligible youth will live in Milwaukee County unless the eligible youth is legally the responsibility of the County. If the youth is over age of 18, youth must reside in Milwaukee County.
2. **Age** - Eligible youth will be up to 19 years of age. If Wraparound Milwaukee is on the court order, then up to 21 years of age.
3. **Severe Emotional Disturbance** - Eligible youth will be determined to have severe emotional disturbance (SED),
4. **Imminent Risk of Placement**- Eligible youth will be in an eligible out-of-home placement or at imminent risk of admission to a psychiatric hospital or placement in

a residential care center or juvenile correction facility.

5. **Non-Nursing Home** - Eligible youth will not be a resident 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.
7. **Non-Residential Treatment Center**- Eligible youth will not be residing in a residential treatment center at the time of enrollment.
8. Must be Medicaid eligible and have eligible med stat codes.

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, and 3 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 V) or International Classification of Diseases (ICD).
3. 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. Youth Justice
 - e. Special Education Services

III. Procedure

- A. **For Wraparound:** Wraparound Milwaukee will receive referrals for youth needing an assessment from Division of Milwaukee Child Protective Services (DMCPS) and Children, Youth and Family Services (CYFS) via email at: childrensenrollment@milwaukeecountywi.gov or by calling (414)-257-7607.
- B. **For REACH:** Referrals are made by calling (414)-257-7607 or via the online referral form (<https://county.milwaukee.gov/EN/DHHS/BHD/Childrens-Services>) .
- C. An Options Counselor will meet with the youth and parent/legal guardian and gather collateral information to determine eligibility. ENROLLMENT REQUEST FORM, AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION, and FINANCIAL FACT SHEET (*forms are found on Care Coordinator Frequently Used Forms and Family/Youth Helpful Forms*) are signed by the parent/legal guardian and youth, aged 14 or older.
- D. If all criteria is met, but the youth does not have a current (within the last year) DSM-V or ICD Mental Health diagnosis that can be obtained from a current or previous Mental Health Provider, the Options Counselor may refer the youth to Mobile Crisis or other clinical resources

for a face-to-face evaluation. If needed and approved via staffing with the Enrollment Manager, a psychological evaluation can be requested by the Option Counselor.

- E. If it is determined that the youth does not meet eligibility, the Options Counselor or designee, will provide the parent/legal guardian and/or youth with suggestions for alternative resources, including Comprehensive Community Services (CCS). Notification to the referral source will be made as appropriate.
- F. If it is determined that the youth does meet eligibility, the Options Counselor will confirm enrollment and verify with the youth and parent/legal guardian if they would like a Warm Hand Off (WHO) Meeting with the Options Counselor and the Care Coordinator. If the youth and/or family would like a WHO, Options Counselor will notify the Enrollment Manager. Notification to the referral source will be made as appropriate.
- G. If enrollment occurs, the youth will be assigned to a Care Coordinator. Care Coordinators have 5 business days to make **face-to-face** contact with the family and complete the enrollment process, which includes:
 - 1. Review all forms and Enrollee/Family Handbook with the youth and/or family.
 - 2. Ensure that additional Consent Forms are signed by the parent/guardian and youth, if age 14 or older.
- H. If enrollment does not occur:
 - 1. Due to Wraparound Milwaukee determining not eligible (i.e. non-SED eligible, not Medicaid Eligible, etc), the Options Counselor will inform the youth and/or parent/legal guardian for reason of not enrolling in formal programming and a decision letter will be sent. Options Counselor will discuss and provide alternative resources as needed.
 - 2. If an enrollment does not occur due to the youth and/or parent/legal guardian declining enrollment, Options Counselor will discuss and provide alternative resources as needed.
 - 3. If enrollment does not occur due to being unable to get in contact with the youth and/or parent/legal guardian, Options Counselor will send a letter of engagement to last known address, in addition to their attempts to contact via phone.
- I. The youth parent/legal guardian may choose to appeal the decision of eligibility by submitting a Wraparound Milwaukee APPEAL FORM (see Attachment).

Attachments

[Appeal Form.pdf](#)

Approval Signatures

Step Description

Approver

Date

Michael Lappen: BHD Administrator 8/29/2022

Brian McBride: ExDir2 – Program Administrator 8/29/2022

Dana James: Integrated Services Manager- Quality Assurance 8/29/2022

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COPY



MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES
**CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE**

Appeal Form

Date: _____

To: Children's Community Mental Health Services and Wraparound Milwaukee Director

From:

(Name) _____

(Address) _____

(Phone) _____

Type of Appeal: Referral/Enrollment
 Disenrollment

Youth's Name: _____

Reason for Appeal: _____

Desired Outcome: _____

Other Comments: _____

Date(s) available for Hearing (if requested): _____

Return to

Director

Children's Community Mental Health Services and Wraparound Milwaukee

9455 Watertown Plank Rd

Milwaukee, WI 53226

Or

wrapqa@milwaukeecountywi.gov