POLICY

It is the policy of Wraparound Milwaukee to follow specific guidelines/procedures in enrolling youth into a 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.

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

ENROLLMENT CRITERIA

A. The Enrollment Criteria is as follows:

1. Residency - The parents, 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 from birth until 23 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 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. Youth enrolling in the REACH or O-YEAH program must be eligible for Title 19/Medicaid.

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).
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. Juvenile Justice
   e. Special Education Services

Procedure

A. For Wraparound: Wraparound Milwaukee will receive referrals for youth needing an assessment from Division of Milwaukee Child Protective Services (DMCPS) and Delinquency and Court Services Division (DCSD) via email at: wrapenrollment@milwaukeecountywi.gov.

B. For REACH and O-YEAH: Referrals are made by calling (414)-257-7607.

C. A Screener will meet with the youth and family 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 legal guardian and youth over the age of 14.

D. If all criteria is met, but the youth does not have a current (within the last year) DSM-V Mental Health diagnosis that can be obtained from a current or previous Mental Health Provider, the Screener will refer the youth to Children's Mobile Crisis for a face-to-face evaluation. If needed, and approved via staffing with the Enrollment Manager, a psychological evaluation can be requested by the Screener.

E. If it is determined that the youth does not meet eligibility, the Screener or designee, will provide the legal guardian and/or youth with suggestion for alternative resources.

F. Care Coordinators have 5 business days to make 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 the Consent Forms are signed by the parent/guardian and youth, if age 14 or older.

G. The youth/family may choose to appeal the decision of eligibility by submitting a Wraparound Milwaukee APPEAL FORM (see Attachment).

Attachments:

1: Appeal Form

Approval Signatures

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<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
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<tr>
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<td>Michael Lappen: 11008000-BHD Administrator</td>
<td>2/13/2018</td>
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<tr>
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<td>Brian McBride: 12010012-Mngr-Int Srvs CCS, Interim WRAP Director</td>
<td>2/6/2018</td>
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<td>Pamela Erdman: 12008005-Placement Resources Manager</td>
<td>2/5/2018</td>
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<td>Dana James: 21011004-Quality Assurance Coordinator</td>
<td>1/31/2018</td>
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