

PRACTICES AND PROCEDURES

4542. Wraparound with Intensive Services (WISe)

Approval: Connie Lambert-Eckel, Acting Assistant Secretary

Original Date: October 19, 2017
Revised Date: Not applicable
Policy Review: October 1, 2021

Purpose

To identify and refer Medicaid eligible children and youth up to age 21 who have complex behavioral health needs in-home and out-of-home in an open case in Children's Administration (CA) for a Wraparound with Intensive Services (WISe) screen and support access to WISe, when the child or youth qualifies for services.

Scope

This policy applies to all DCFS staff.

Laws

Social Security Act Title XIX Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Policy

Caseworkers must:

- 1. Referral for a WISe Screen
 - a. Refer or verify a referral is made to a <u>Designated Mental Health Provider</u> for a WISe screen for children and youth with complex behavioral health needs with an open case in any program who meet the following criteria:
 - i. Entering or discharging from a Children's Long-Term Inpatient (CLIP) facility;
 - ii. Have requested or been referred for crisis intervention services, including involuntary commitments;
 - iii. Are being considered or referred for Behavior Rehabilitation Services (BRS);
 - iv. Are receiving BRS. A WISe screen is required every six months, which can coincide with the quarterly report date; or
 - v. Are transitioning out of BRS. BRS contracted providers are responsible for initiating the screening referral for mental health services upon exiting BRS services.
 - vi. Are at-risk of out-of-home placement;
 - vii. Are experiencing multiple placement disruptions;
 - viii. Have disrupted from a pre-adoptive or adoptive placement;
 - ix. Are returning home and need additional behavioral health support and services;
 - x. Frequently runs away and has returned after being missing from care;
 - xi. Have special education needs or have a 504 plan with multiple school suspensions; or



- xii. Are involved in multiple systems (i.e., CA, Juvenile Rehabilitation (JR), Developmental Disabilities Administration (DDA), or behavioral health agencies or providers).
- 2. Information Needed for a WISe Referral
 Provide the following information about the child or youth to the <u>Designated Mental Health</u>
 Provider for the area where they reside when making a WISe referral:
 - a. Name;
 - b. Date of birth;
 - c. Placement and caregiver information;
 - d. Prescribed psychotropic medications;
 - e. The need for interpreter services
 - f. Whether the child or youth is involved in CA services and indicate the service; and
 - g. If the child or youth is either:
 - i. Currently receiving BRS;
 - ii. Being considered for BRS; or
 - iii. Exiting BRS.
- 3. After a WISe Referral Has Been Made:
 - a. If a child or youth does not qualify for WISe services, verify with the caregiver, WISe Provider or <u>Behavioral Health Organization</u> that the child or youth was referred for other behavioral health services to address their behavioral health needs.
 - b. If a child or youth qualifies for WISe services:
 - i. Join the CFT and participate in conversations with team members regarding the child or youth.
 - ii. Attend and participate in CFT meetings. CFT meetings can be combined with other shared planning meetings.
 - A. For children or youth in BRS, follow the requirements in 4533 BRS policy.
 - B. For other children and youth with complex behavioral health needs, at CFT meetings:
 - Encourage and support engagement and collaboration with the child or youth and family in the development and ongoing monitoring of the <u>Cross System Care Plan until treatment is</u> completed;
 - II. Provide consultation on services and resources available through CA;
 - III. Obtain and bring the signed release of information form from the child, youth or parents when they are unable to attend the meeting prior to sharing any confidential information with any CFT team members.
 - IV. Review the CFT Cross System Care Plan to verify it is in alignment with the child, youth or family's DCFS case plan, e.g. court orders.
- 4. Document the Following in a FamLink Case Note:
 - a. For BRS cases, follow the documentation requirements in 4533 BRS policy.
 - b. For other cases of children or youth with complex behavioral health needs document:



- i. Conversations with the child or youth, families and caregivers regarding WISe services.
- ii. Date a WISe referral was made and screen results, when made by the caseworker.
- iii. Name of individual who agreed to make the referral, when applicable.
- iv. Verification of referral being made by another individual when not made by the caseworker.

Resources

WISe Information Sheets for Children's Administration Caseworkers

WISe Referrals Contact List by County

Wraparound with Intensive Services (WISe) Implementation

WISe Manual

Regional Family, Youth, and System Partner Round Table Manual and Resource Guide

WISe Overview

WISe Dashboard