WISe Screening
April 2, 2019

Agenda:
- Introductions
- Purpose of WISe CANS Screen
- Use of CANS
- BRS screens for WISe in BHAS
- Screens and JRA
- Questions and Answers
Purpose of a WISEe CANS screen

- To make an initial determination if WISEe is appropriate level of service for the youth and family
- NOT to determine whether it is time to transition to a lower level of care (that discharge planning should happen with the CFT early in the WISEe episode)
- CANS screens for BRS and CLIP also serve to determine if WISEe would be appropriate, but the screen alone will not do that. The WISEe screen determines if the youth is acute enough for WISEe and not if the youth’s needs exceed WISEe.
WISE Screens must be offered in a convenient manner

- Screens must be offered by phone or in person
- A WISE screen is different from a mental health intake at the agency and must not require any additional forms (including mental health intake) to be completed. When a WISE screen is requested, we do one.
- It is appropriate to contact and gain the permission of the youth/family before completing and entering the WISE screen into BHAS.
WISe screen timeline

• Agency receives information that a youth/family are interested in WISe
• Schedule screen and receive confirmation from the youth/family that they actually want the screen
• Complete screen in consultation with appropriate contacts including referring source and youth/family
• Screen must be entered into BHAS in 10 days from the time the referral is made. It is not complete until entered. Consider the contact with the youth/family, or legal guardian as the date to start the 10 day clock
Payment for WISE Screens

- The WISE service based enhancement (kick payment) reflects a 6% administrative load assumption, which considers administrative expenses associated with WISE screening and treatment plan review costs.
When do we NOT do a screen

• Do not do a screen in the middle of a WISe episode. A full CANS can be done at any time, but screens are only done to determine WISe eligibility.

• Do a full CANS (not an initial) when transferring from one WISe agency to another. Unless it has been more than 90 days, typically an additional screen is not needed because eligibility is already established.

• If the youth is not eligible for WISe, do not do a WISe screen. (e.g. no Medicaid)
When should a WISEe screen be done?

- Any time someone asks for one to determine if WISEe should be considered
- Every six months while in CLIP and 30 days prior to discharge. (No need for WISEe agency to do additional screen after the discharge screen is done)
- Every six months while in BRS and not in WISEe. Screen must be done at discharge from BRS.
- All of these instances are to determine if WISEe can meet the needs of the youth/family
Children’s Long-Term Inpatient Program (CLIP)
Child and Adolescent Needs and Strengths (CANS)
CLIP-CANS Flow Chart

CANS Screen **every 6 months** while in CLIP

**CLIP STAY**

- **CLIP Admit - CANS FULL**
  - Admission to CLIP
  - **CANS -FULL ASSESSMENT**
    - Completed by CLIP staff within first 30 days

- **Every 6 mo.- CANS Screen**
  - **CANS SCREEN**
    - **EVERY 6 MONTHS** WHILE IN CLIP

- **CLIP Discharge – CANS Screen**
  - Discharge from CLIP
  - **CANS- SCREEN**
    - Completed within 30 days prior to discharge

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**CANS Screen** determines whether a Medicaid-eligible youth is eligible for WISE.

If the youth is WISE eligible, the CLIP Provider will make a WISE referral and the Community WISE Provider will enroll youth in WISE and complete a CANS-FULL within 30 days post discharge.

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**What is the purpose of a Child and Adolescent Needs and Strengths (CANS) SCREEN and FULL Assessments?**

**The CANS FULL Assessment** completed at CLIP admission is intended to be utilized as a ‘communication tool’ across Washington State’s Children’s Behavioral Health system and may be useful in determining treatment needs and informing the CLIP treatment planning process.

**The CANS Screen** is a brief list of questions that determines if a youth meets the algorithm criteria for Wraparound with Intensive Services (WISe) in their home community. **NOTE: All Medicaid-eligible youth discharging from CLIP meet the functional proxy**
BRS Screens

• Before doing a screen make sure that the BHO and/or MCO is entered for the client in BHAS
• It is important that BRS screens are entered into BHAS and not just completed on paper so we can keep track of them
• In order to complete them, you will want to have some consultation with DCYF or the BRS provider to get enough information to complete the screen
• Make sure to get a copy of the completed screen to the DCYF case worker or BRS staff.
Note that your only drop down option is “initial”, but if this is a 6 month re-screen, you can note that in the optional box to the right.

The ‘Pre Populate’ box is only available if you have done an assessment in the last 90 days.
Relationship: Sister

Referral Source Information:
- Referral Source: d2. Children's Administration/Pre-BRS Services (Initial Screen)
- Additional Comments: May need to move to BRS
- Contacted Date: 8/28/2018
- Service Requested by Referral Source: BRS
If the algorithm says the youth is eligible for WISe and you are referring to BRS, you will need to put a rationale for why this was chosen. Usually will be because the child lacks a placement. Consult with Social Worker or BRS provider to get that info.
There should be a solid rationale on why a youth could not be enrolled in WISE. Some ‘not so good’ examples:

- Clinician and clinical supervisor implemented clinical brilliance
- WISE is also being considered.
- BRS is the planned route at this time, per social worker. Youth cannot be enrolled in BRS and WISE.
- BRS
- CLIP discharge
- pre-BRS screen
Some good examples

• Youth is currently in BRS group home placement. Children's Administration would need to facilitate alternative living situation for youth to receive WISE.
• No caregiver at this time. Youth is in a CRC in another county.
• No Medicaid benefit--not eligible
• is a state dependent and needs behavioral rehabilitation services to stabilize placement. There is no stable/identified placement as of this time.
• referred to BRS as there is no placement stability - her behaviors cause placement disruption.
Ratings and WISE screens

• We still expect to use consensus on screens like we do for full CANS. However, the process may involve less people to consult with.

• Use the CANS guide to help you in completing items. It can take several screens to become familiar enough to do a screen without referring to the guide.
Some Considerations for Screens

• Remember to take restrictive environments into consideration. If the youth has been incarcerated or in residential setting for a long period of time, you need to consider risks prior to that restrictive setting.

• Ignoring needs is not being ‘strength based’. Make sure to adequately document the youth/family needs so that we can make a good decision on placement.

• CANS is decision support, but the judgement of the youth/family and screener are final determiners.
More considerations

• Comments are required for every domain that is a 2 or 3. These should be brief, but detailed enough for someone reading the screen to understand what is happening.

• Comments in domains with a 0 or 1 are helpful to understand the full story as well.
Diagnosis on the Screen

- **Diagnosis is not required on a WISE screen.** If you don’t enter a diagnosis, then you don’t enter the subsequent fields including the comment box, diagnostic certainty, or prognosis.

- If you have a diagnosis at the time of the screen, enter that along with information about who gave the diagnosis and when in the comment box. The diagnostic certainty and prognosis is required if a diagnosis is entered.

- **Diagnosis IS required on full CANS**
Sharing the WISEe screen

• WISEe CANS screens are considered to be category 4 HIPPA data, so it should be treated accordingly.
• Only share with those needed to do care coordination or with a release.
• Send data by fax or secure (encrypted) email or secure file transfer
• This data belongs to the client, so it is appropriate to share with the youth and family. Make sure comments are appropriate to share with them.
How to access and share a screen

• Click on the assessments tab once you select the client. Then hit the report button at the right.
Printing a screen

Hit the disc icon, not the printer icon. Then after it produces a pdf, you can print a copy or send by secure email.
Screens and Juvenile Rehabilitation
Questions and Answers

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