

Policy and Procedure



DEPARTMENT: Trillium Behavioral Health	DOCUMENT NAME: Child Wraparound Process
PAGE: 1 of 7	REPLACES: NA
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PRODUCT TYPE: Medicaid and OHP	REFERENCE NUMBER: NA

A. Purpose

Trillium Behavioral Health (TBH) has written Wraparound clinical criteria to assist licensed utilization management (UM) staff to determine and serve Wraparound eligible children (youth) and families. Children, youth, and young adults hereafter are referred to as “youth.”

B. Policy

1. Criteria for a youth (child) to qualify for Wraparound includes:
 - 1.1. Youth (Child) age 0-17 years old and enrolled in Trillium Medicaid,
 - 1.2. Youth (Child) is experiencing challenging behaviors or functional impairment in the home or community,
 - 1.3. Youth (Child) and family has involvement in two (2) or more youth-serving systems, including but not limited to mental health providers, substance use providers, Department of Human Services, Youth Services, educational programs, Developmental Disability Services, medical providers, etc., and
 - 1.4. Youth (Child) and family continue to have unmet needs that are unresolved even with multi-system support.
 - 1.5. Exclusion criteria include children (youth) who are exhibiting imminently dangerous behavior that includes active suicidal or homicidal behavior, or psychosis.
2. Wraparound Process is offered to youth (child) that are receiving services and placement in Secure Adolescent Inpatient Program (SAIP), or Secure Children’s Inpatient Program (SCIP), or Psychiatric Residential Treatment Services (PRTS), or the Commercial Sexually Exploited Children’s residential program funded by Oregon Health Authority, or
 - 2.1. Discharged from any of these programs in the past six (6) months.

- 3.** Wraparound Process will continue after a youth turns 18 up to the age of twenty-five (25), if current Wraparound Services began prior to the youth (child) becoming eighteen (18) years of age.
- 4.** Wraparound Process will conclude when the child (youth) and family team determines this service is no longer necessary.
- 5.** Wraparound services will be provided in an appropriate available treatment environment(s) characterized by:
 - 5.1.** The most normative,
 - 5.2.** Least restrictive,
 - 5.3.** Least intrusive,
 - 5.4.** Culturally and linguistically appropriate,
 - 5.5.** Evidenced based and/or evidence informed, and
Extent of family and community supports.

C. Procedure

- 1.** Referrals for a child (youth) to participate in Wraparound will be accepted from:
 - 1.1.** Mental health agencies,
 - 1.2.** Substance use agencies,
 - 1.3.** Youth Services (YS),
 - 1.4.** Department of Human Services (DHS) Child Welfare & Self Sufficiency Programs,
 - 1.5.** Schools, Early Learning Centers
 - 1.6.** Developmental Disability services (DD),
 - 1.7.** Medical providers, Hospitals,
 - 1.8.** Peer service organizations,
 - 1.9.** Youth (Child) or guardian/family, and
 - 1.10.** Other social or community providers.
- 2.** Referrals can be for reasons including, but not limited to:
 - 2.1.** Placement in Secure Adolescent Inpatient Programs (SAIP), Secure Children's Inpatient Program (SCIP),
 - 2.2.** Psychiatric Residential Treatment Services (PRTS) or the Commercial Sexually Exploited Children's residential program funded by Oregon Health Authority (OHA).
 - 2.3.** Children (Youth) meeting local/regional Systems of Care Wraparound Initiative entry criteria.
- 3.** Member transferring to Trillium from another Coordinated Care Organization (CCO) or from Medicaid fee-for-service, may continue to access behavioral health services during the member's transition of care from a predecessor plan to Trillium for up to sixty days (60) for Medicaid members and up to ninety days (90) for Dual members.
- 4.** Referral source must complete a Wraparound Referral Form that includes:
 - 4.1.** Involvement in two (2) or more youth-serving systems, and the youth and family experience the systems having difficulty meeting the youth and family's needs,
 - 4.2.** Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) diagnosis when applicable,
 - 4.3.** Family's consent to be screened,

- 4.4.** Placement and contact info,
 - 4.5.** Language preference,
 - 4.6.** Behavioral presentation,
 - 4.7.** Family needs/stressors,
 - 4.8.** Youth (Child) and family strengths, and
 - 4.9.** Pertinent records to support request from youth-serving systems.
- 5.** System of Care (SOC) Governance Committee will include:
 - 5.1.** Wraparound Review Committee,
 - 5.2.** Practice-Level Workgroup;
 - 5.3.** Implementation and Oversight Committee (Advisory Committee), and
 - 5.4.** SOC Executive Council.
- 6.** Wraparound Review Committee will occur weekly or as needed and include:
 - 6.1.** Trillium Behavioral Health (TBH) Licensed Utilization Management (UM) staff,
 - 6.2.** Contracted Wraparound Facilitation Supervisors or designees,
 - 6.3.** Contracted Peer Partner Supervisors or designees.
 - 6.4.** Systems of Care stakeholders as available, and
 - 6.5.** Family and Youth (Child) as available.
 - 6.6.** Review of screening sheet and collateral information,
 - 6.7.** Documentation of decision for approval or denial of Wraparound services,
 - 6.8.** Approval for Wraparound is contingent upon availability of a Wraparound Facilitator.
 - 6.9.** If additional information is necessary TBH Licensed UM staff or Wraparound Facilitator will inform referral source, schedule time to meet the family directly to discuss needs, and collect information to re-screen at next screening committee.
 - 6.10.** If denied for Wraparound, Wraparound Review Committee will offer appropriate alternatives to meet the child's (youth's) mental health service needs, care coordination needs and inform the referral source. This may include a community case staffing meeting.
 - 6.11.** Wraparound Facilitation organizations maintain lists of member's determination and participation status in Wraparound.
- 7.** If approved for Wrap support, Wraparound Review Committee staff will:
 - 7.1.** Contact referral source,
 - 7.2.** Contact youth (child) and family as appropriate, and
 - 7.3.** Contracted Wraparound Facilitation Supervisor will assign youth (child) and family to a Facilitator and request the Wraparound Facilitator contacts the family and begins engagement.
 - 7.4.** Wraparound Review Committee staff are responsible for conducting reviews of youth in this service. This will be done through review of recommendations from the child (youth) and family teams, at least monthly, during Wraparound Screening and Steering Committees.

8. Identified Wraparound or other system barriers will be submitted to the Practice Level Workgroup up through the Executive Council if needed. Barriers that remain unresolved will be submitted to the State System of Care Steering Council Committee.
9. Wraparound supports offered when appropriate include:
 - 9.1. Wraparound planning process:
 - 9.1.1. Phase One: Engagement & Team Preparation. A facilitator discusses concerns, needs, strengths with the family, listens to the family's and youth's vision for the future, develops an initial crisis plan, and identifies people to develop a plan with the family and youth and where the meeting will be held.
 - 9.1.2. Phase Two: Initial Plan Development. The team attends Wraparound Team meetings to develop a mission statement, look at family needs, and ways to meet those needs that match up with strengths, different team members will take on different agreed upon tasks.
 - 9.1.3. Phase Three: Plan Implementation. Based on a written plan of care, the Wraparound team meets regularly and reviews accomplishments, assesses whether the plan is working to achieve the goals, adjusts things that are not working within the plan, and assigns new tasks to team members.
 - 9.1.4. Phase Four: Transition. Determine when the team does not need to meet regularly. Completion may involve a final meeting, a small celebration, or the family simply saying they are ready to move on. The family will get a record of what has been done as well as a list of what worked. The team will make a plan for the future including who to call on if help is needed in the future.
 - 9.1.5. Adherence to System of Care Wraparound values and principles, team member roles and phases, measured by Wraparound Fidelity Index, including the principles of family driven and youth guided, strengths based, natural supports, individualized, culturally and linguistically competent, team based, community based, collaboration, persistence, and outcome based.
 - 9.2. Family Partner and/or Youth Partners.
 - 9.3. Wraparound Facilitator, Family Partner, and Youth Partners not to exceed a ratio of 1 professional:15.
 - 9.4. Review of formal supports including services or activities from youth-serving systems like education and behavioral health services as appropriate. No referral is needed for a mental health or substance use assessment. If ongoing Medicaid-covered services are needed after the assessment, the provider will follow Authorization Required Qualifier (ARQ).
 - 9.5. Review of informal and natural supports, including non-professional support people and organizations that the family or team has identified to be included, like friends, extended family, church, social support organizations,
 - 9.6. Copies of all plans and reports including the Wrap plan and strengths inventory,
 - 9.7. Flex funds, meeting the needs of the child (youth) and family, which the child (youth) and family team will have the authority to request from the Wraparound Supervisor, when the following guidelines are met:
 - 9.7.1. These funds are available for TCHP members enrolled in the Wraparound Process. The wraparound planning process identifies the benefits of a

specific intervention or support that is not otherwise covered through billing codes,

- 9.7.2.** The child (youth) and family team discusses the needs, specific goals that would be achieved and develops a wraparound plan for the family. This discussion is documented in the client record. Flexible funds can be recommended by the child (youth) and family team, and
- 9.7.3.** The Wraparound Facilitator follows the Wraparound Facilitation organization protocols for approving and accessing these funds. The flexible funds must be directly related to the wraparound plan goals and must describe attainable benefits that are likely to be achieved.

10.The Wraparound process will continue until the Child (youth) & family team determines Wraparound is no longer necessary or appropriate.

11.Reporting:

- 11.1.** All youth that are engaged in the Wraparound process will be entered into the Wraparound Fidelity Index (WFI EZ), part of the Wraparound Fidelity Assessment System (WFAS). Data will be entered within thirty (30) days of admission, every ninety (90) days after the initial report, and upon exit from services.
- 11.2.** All youth and families will be requested to allow fidelity reviews using the WFI EZ after six (6) months of participation.
- 11.3.** All youth (child) and families will participate in regular care planning using the Child & Adolescent Needs & Strengths (CANS) care planning instrument to support decision-making including level of care and service planning and for monitoring outcomes of services.
- 11.4.** Flexible funds spending will be reported to Trillium/TBH from contracted Wraparound Facilitation Supervisor quarterly.
- 11.5.** Trillium/TBH will require all Wraparound Facilitation, Family Partner, and Youth Partner organizations to report on additional outcome instruments as developed and approved by the steering committee.
- 11.6.** Trillium/TBH will submit Child Wraparound Process policy and procedure to OHA Contract Administrative Unit for review and approval no later than January 31st of each year.

D. Definitions

Word / Term	Definition
ARQ	Authorization Required Qualifier.
Behavioral Health Assessment	The process of obtaining sufficient information, through a face-to-face interview to determine a diagnosis and to plan individualized services and supports.
Child (Youth)	A person under the age of 18. An individual with Medicaid eligibility, who is in need of services specific to children, adolescents, or young adults in transition, must be considered a child (youth) until age 21 for purposes of these rules.
Child (Youth) and Family Team	A group of people who are chosen with the family and youth and connected to them through natural, community, and formal support relationships and who develop and implement the family’s plan, address unmet needs, and work toward the family’s vision and team mission. This includes IOSS providers.
Clinical Criteria	Written decision rules, medical protocols, or guidelines used as an element in evaluation of medical necessity and appropriateness of requested medical and behavioral health care services.

Word / Term	Definition
Diagnostic and Statistical Manual of Mental Disorders (DSM)	Standard classification of mental disorders used by mental health professionals in the United States, consisting of three major components: 1) Diagnostic classification; 2) Diagnostic criteria sets; 3) Descriptive text.
Intensive Outpatient Services and Supports (IOSS)	A specialized set of comprehensive in-home and community-based supports and mental health treatment services for children (youth) that are developed by the child (youth) and family team and delivered in the most integrated setting in the community.
Licensed Utilization Management (UM) staff	Licensed Behavioral Health UM staff are: <ul style="list-style-type: none"> Behavioral Health Care Coordinators (QMHPs), Doctoral-level clinical psychologists, and psychiatrists.
Secure Child In-Patient Treatment Program (SCIP)	ITS program designed to provide inpatient psychiatric stabilization and treatment services to children (youth) up to age 14 who require a secure intensive treatment setting.
Secure Adolescent In-Patient Treatment Program (SAIP)	ITS program designed to provide inpatient psychiatric stabilization and treatment services to individuals under the age of 21 who require a secure intensive treatment setting.
Utilization Management (UM)	Evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed clinical assistance to patient, in cooperation with other parties, to ensure appropriate use of resources.
Wraparound Process	A planning process that follow a series of steps to help children (youth) and their families meet their needs. The wraparound process also helps make sure children (youth) grow up in their homes and communities. It is a planning process that brings people together from different parts of the whole family's life. With help from one or more facilitators, people from the family's life work together, coordinate their activities, and blend their perspectives of the family's situation.

E. Regulatory or Administrative Citations

Name	Citation Reference
CCO and OHP 2018 Contract	Children's System of Care Governance Structure
	B.1.2.
	B.1.6.
	Provision of Covered Service
	B.2.2.c.(1-6)d.
	Authorization or Denial of Covered Services
	B.2.3.b.c.e
	Covered Services
	B.2.4.k.1.2(a-d),4.
	B.2.4.l.1.2(a-d),4.
	B.2.4.m.1., 2-11.
	Integration and Care Coordination
	B.4.1

	Delivery System and Provider Capacity
	B.4.3.a.3
	Mental Health Parity
	E.23.
Oregon Administrative Rules	309-022-0105
	410-141-3061
Oregon Regulatory Statutes	418.975
	418.977
	418.980
	418.982
	418.985

F. Related Material

Name	Location
Child Intensive Service Array Policy and Procedure	TBH Database
Outpatient Mental Health Services Policy and Procedure	TBH Database
Wraparound Flexible Fund Process	TBH Database
The Wraparound Process User's Guide: A Handbook for Families	National Wraparound Initiative
System of Care Wraparound Initiative (SOCWI)	Oregon Health Authority

G. Revision Log

Type	Date
Merged Policy and Procedure into one document.	11-16-17
Clarified language in 1.4. of Policy section.	12-06-17
Clarified System of Care (SOC) Governance Structure	12-05-17
Added word "youth" to Child and Family Team definition	12-05-17
Updated Related Material Links	11-16-17
Added CCO and CAK citations	2-5-18
Extended Eligible Age for Continued Services to 25	1-2-19
Updated Reporting Requirement Language	1-2-19