

POLICY AND PROCEDURE

DEPARTMENT: Utilization Management	DOCUMENT NAME: Wraparound with Intensive Services Program
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APPROVED DATE: 8/2017	RETIRED:
EFFECTIVE DATE: 1/2018	REVIEWED/REVISED: 6/2018
PRODUCT TYPE: IMC & BHSO	REFERENCE NUMBER: WA.UM.37

SCOPE:

Coordinated Care (the Plan) Utilization Management Integrated Managed Care (IMC) and Behavioral Health Services Only (BHSO) enrollees up to 21 years of age.

PURPOSE:

To outline the requirements for Utilization Review and Quality oversight of the WISe program.

POLICY:

BACKGROUND

WISe is a program designed to provide comprehensive behavioral health services and supports to youth and their families for members up to age 21 with complex behavioral health needs. The goal of WISe is for eligible youth to live and thrive in their homes and communities, as well as to avoid or reduce costly and disruptive out-of-home placements.

The WISe program follows Washington State Children's Behavioral Health Principles outlined below in order to:

- Reduce the impact of mental health symptoms on youth and families, increase resiliency, and promote recovery;
- Keep youth safe, at home, and making progress in school;
- Help youth to avoid delinquency;
- Promote youth development, maximizing their potential to grow into healthy and independent adults.

The program believes that youth and families should have access to necessary services and supports in the least restrictive, most appropriate, and most effective environment possible.

The WISe program is administered according to the Washington State Wraparound with Intensive Services (Wise) Program, Policy and Procedure Manual.

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Washington State Children's Behavioral Health Principles

- **Family and Youth Voice and Choice:** Family and youth voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services. Services and interventions are family-focused and youth-centered from the first contact with or about the family or youth.
- **Team based:** Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and the youth and are connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the youth's and family's vision.
- **Natural Supports:** The team actively seeks out and encourages full participation of team members drawn from the youth's and family members' networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The care plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.
- **Collaboration:** The system responds effectively to the behavioral health needs of multi-system involved youth and their caregivers, including youth in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.
- **Home and Community-based:** Youth are first and foremost safely maintained in, or returned to, their own homes. Services and supports strategies take place in the most inclusive, most responsive, most accessible, most normative, and least restrictive setting possible.
- **Culturally Relevant:** Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the participant/youth and family and their community.
- **Individualized:** Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each youth and family.

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They are altered when necessary to meet changing needs and goals or in response to poor outcomes.

- **Strengths Based:** Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members.
- **Outcome-based:** Based on the youth and family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes. Safety, stability and permanency are priorities.
- **Unconditional:** A youth and family team's commitment to achieving its goals persists regardless of the youth's behavior, placement setting, family's circumstances, or availability of services in the community. The team continues to work with the family toward their goals until the family indicates that a formal process is no longer required

State certification is required for provider agencies offering the WISE program. These agencies offer the member and his or her family with a designated Child and Family Team (CFT). WISE services are provided in the home and community setting. The CFT has the responsibility to identify needs and develop the most appropriate and normalized strategies to meet these needs, including referral and coordination with other services and systems.

CANS SCREENING

A WISE screen is completed within ten (10) business days after a referral is received. All WISE screens include:

1. Information gathering that utilizes the information provided by the referent (i.e. the youth, a family member, a system partner, and/or an informal or natural support). Additional information may be gathered from the youth and family directly and others who have been involved

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with the family (including extended family and natural supports) and/or its service delivery.

2. Completion of the Child Adolescent Needs and Strengths (CANS) Screen, which consists of a subset of 26 questions, pulled out the full CANS assessment. *Note: For children age 4 and younger, WISe providers use the CANS 0-4.*
3. Entering the CANS Screen into the Behavioral Health Assessment System (BHAS) which will apply the CANS algorithm to determine whether the youth would benefit from WISe.

Review Process

Notification is required for admission to the WISe program. Continued stay reviews are conducted at least every 6 months thereafter.

UM staff will refer the member to the Integrated Care Coordination Team to allow plan engagement with the WISe team upon notification

Requirements for WISe Enrollment

Criterion 1 **and** (Criterion 2 OR Criterion 3) must be met. Criterion and rating scores refer to responses on the completed CANS screening tool.

Criterion 1. Behavioral/Emotional Needs
1a. Rating of 3 on "Psychosis" OR
1b. Rating of 2 on "Psychosis" and 2 or 3 on any other Behavioral/Emotional Needs item OR
1c. 2 or more ratings of 3 on any Behavioral/Emotional Needs items OR
1d. 3 or more ratings of 2 or 3 on any Behavioral/Emotional Needs items
<i>Note: Behavioral/emotional needs items included in screening tool: Psychosis; Attention/Impulse; Mood Disturbance; Anxiety; Disruptive Behavior; Adjustment to Trauma; Emotional Control.</i>
Criterion 2. Risk Factors
2a. Rating of 3 on "Danger to Others" or "Suicide Risk" OR
2b. One rating of 3 on any Risk Factor item OR 2 or more ratings of 2 or 3 on any Risk Factor item
<i>Note: Risk factors included: Suicide Risk; Non-Suicidal Self-Injury; Danger to Others; Runaway.</i>
Criterion 3. Serious Functional Impairment
3a. 2 or more ratings of 3 on "Family", "School", "Interpersonal" or "Living Situation" OR

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3b. 3 or more ratings of 2 or 3 on "Family", "School", "Interpersonal" and "Living Situation"

Continued Program Enrollment Review Criteria

The clinical documentation submitted must meet the following requirements:

1. The CANS Full within 30 days of the WISe screen, updated CANS Full at least every 90 days
2. Outcome goals from prioritized needs have not yet been reached. These goals must be specific, measurable, achievable, realistic, and have clear timeframes for onset and completion.
3. The member and their family desire to continue to be part of the program.

REFERENCES:

The Washington State Wraparound with Intensive Services (Wise) Program, Policy and Procedure Manual.
Washington State Health Care Authority- FIMC Contract

ATTACHMENTS:

DEFINITIONS:

Caregiver: A family member or paid helper who provides direct care for the identified youth.

Child and Adolescent Needs and Strengths Assessment (CANS): A multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. All CANS (screen and full) must be entered and maintained in the Behavioral Health Assessment System (BHAS).

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<p>Child and Family Team (CFT): A group of people – chosen with the family and connected to them through natural, community, and formal support relationships – who develop and implement the family’s plan, address unmet needs, and work toward the family’s vision and team mission, monitoring progress regularly and using this information to revise and refine the plan of care.</p> <p>Needs: Anything that is necessary, but lacking. A need is a condition requiring relief and something required or wanted. Needs are not considered services.</p> <p>Outcomes: Youth, family and/or team goals stated in a way that can be observed and measured as indicators of progress related to addressing an identified need.</p> <p>Parent: Biological, step or adoptive. If this is not applicable or unclear, the youth should identify who they consider their parent. Youth: The statewide-accepted term to describe children, adolescents, teenagers, and young adults.</p> <p>Youth Partner: An equitable member of the WISE team whose role is to partner with the youth to help support their engagement and active participation in making informed decisions to drive the WISE process. They are qualified through their lived experience and knowledge of community resources and the wraparound or WISE process. The Youth Partner is a mediator, facilitator, and cultural broker between youth and agencies.</p> <p>Wise Practitioner: A term used interchangeably to describe the collection of WISE-certified staff roles, required for each team (the care coordinator, the family partner and/or youth partner, and the mental health clinician).</p>

REVISION LOG

REVISION	DATE
Creation of document	7/2017

APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to an actual signature on paper.

VP/Director Medical Management: On file.