**Background**

TR vs. Quigley and Teeter, a Medicaid lawsuit regarding intensive children’s mental health services for youth, was filed in November 2009. The lawsuit was based on federal EPSDT (Early and Periodic Screening, Diagnosis and Treatment) statutes, requiring states to provide any medically necessary services and treatment to youth, even if the services have not been provided in the past. After several years of negotiations, a full settlement agreement was reached with the plaintiffs. With this settlement agreement, Washington has committed to build a mental health system that will bring this law to life for all young Medicaid beneficiaries who need intensive mental health services in order to grow up healthy in their own homes, schools, and communities.

**Who is in the Class (and thus eligible for Wraparound with Intensive Services)?**

All persons under the age of 21 who now or in the future:

1. Meet or would meet the State of Washington’s Title XIX Medicaid financial eligibility criteria;
2. Have a mental illness or condition;
3. Have a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting; and
4. For whom intensive mental health services provided in the home and community based would address or ameliorate a mental illness or condition.

**What the State Has Agreed to Do**

- Improve Identification, Screening, Referral and Assessment
- Develop Wraparound with Intensive Services (WISe) for Statewide Implementation
- Increase Evidence and Research Based Practices statewide
- Improve Transitions and Continuity of Care
- Provide Cross System Workforce Development and Training
- Improve Due Process for Class Members
- Improve Governance Structure and Collaboration
- Improve Quality Management, Transparency and Accountability

**Goals**

To have a mental health system that will:

a) Identify, screen and link eligible youth to the WISe program.

b) Communicate to families, youth and stakeholders about the nature and purposes of the WISe program and services, who is eligible for the program, and how to gain access to the WISe program and services regardless of the point of entry or referral source.

c) Provide timely statewide mental health services and supports within a Medicaid structure that are sufficient in intensity and scope, based on available evidence of effectiveness, and are individualized to each youth’s needs consistent with the WISe program model.
d) Employ a system of continuous quality improvement, including measures and procedures that support the continual improvement of quality; clear understanding of outcomes and costs; and transparency and accountability to families, youths, and stakeholders.

e) Afford due process to youth denied services.

f) Coordinate delivery of services and supports among child-serving agencies and providers to participants in order to improve the effectiveness of services and improve outcomes for families and youth.

g) Reduce fragmentation of services for youth, avoid duplication and redundancies, and lower costs by improving collaboration among child-serving agencies (see the MOU in Appendix E);

h) Support workforce development and infrastructure necessary for adequate education, training, coaching and mentoring of providers, youth and families.

i) Maintain a collaborative governance structure that includes child-serving agencies, youth and families, and other stakeholders.

j) Minimize hospitalizations and out-of-home placements.

**WRAPAROUND INTENSIVE SERVICES (WISe)**

Washington State’s Wraparound with Intensive Services (WISe) is designed to provide comprehensive behavioral health services and supports to Medicaid eligible individuals, up to 21 years of age, (herein referred to as “youth”) with complex behavioral health needs and their families. The goal of the program 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 implementation of WISe will be statewide by June 30, 2018. The purpose is to create consistency across Washington State’s service delivery system for providing intensive mental health services in home and community settings to Medicaid eligible youth who screen in for these services.

Wraparound with Intensive Services (WISe) is a range of Medicaid-funded service components that are individualized, intensive, coordinated, comprehensive, culturally competent, and home and community based. WISe is for youth who are experiencing mental health symptoms that disrupt or interfere with their functioning in family, school or with peers.

WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, intensive treatment and support services, and crisis outreach services, provided in home and community settings, based on the individual’s needs and the developed plan. Among these services and supports, mental health services and supports will be available that are sufficient in intensity and scope, based on available evidence of effectiveness, and individualized to each Class member’s needs. Care is integrated in a way that ensures youth are served in the most natural, least restrictive environment. The intended outcomes are individualized to each youth and family and often include increased safety, stabilization, school success, and community integration; positive youth development; and support to ensure that youth and families can live successfully in their homes and communities, with an avoidance of hospitalizations and out-of-home placements.

**Service Array**

Agencies providing WISe must have capacity to provide a wide array of services within the agency. WISe agencies will provide each participating family with a Child and Family Team (CFT), and at a minimum, access to these services:

1. Assessment
2. Intensive Care Coordination
3. Intensive Services provided in the Home and Community Settings

4. 24/7 Crisis Intervention and Stabilization Services

**Identification**

All mental health services offered to youth and families that are participating in WISe must be provided by staff employed at a WISe-qualified agency. Other needed services and supports are to be outlined in the single Cross System Care Plan (CSCP) that is developed by the CFT and those services will be met by other members of the CFT. More information related to the CANs assessment, the delivery approach, and coding of these services can be found in sections below.

All requests for WISe services will result in an initial screening regardless of referral source. Requests for WISe services will be processed by clinicians trained in the Child Adolescent Needs and Strengths (CANS).

Child-serving systems, such as the Department of Social and Health Services, Health Care Authority (HCA), county and community providers, and Tribal service providers will be trained to assist them in identifying and referring youth who might benefit from WISe.

In addition to screens provided in response to community-based referrals, a WISe screen must be provided when:

1. A referral is being made to a Children’s Long-Term Inpatient Program (CLIP) or Behavioral Rehabilitation Services (BRS).
2. During discharge planning while in CLIP or BRS.
3. Prior to a youth’s discharge from a psychiatric hospital.
4. During discharge planning from a Juvenile Justice and Rehabilitation Administration-run facility, when a Medicaid-eligible youth presents with past or current functional indicators of need for intensive mental health services.
5. A youth or family self-refers by indicating a need for more intensive services.

**Components of a WISe Screening**

When the outcome of the initial WISe Screening described above results in a referral to the WISe program, a full intake assessment and determination of the medical necessity, in compliance with WAC 388-877-0610 and WAC 388-877A-0130, must be completed. This includes:

- Completing the WISe Screen within 10 working days of receiving a WISe referral.
- A determination of whether, based on the Access to Care Standards, the youth has a covered diagnosis and functional impairment that result in eligibility for RSN funded Medicaid mental health services.
- A determination, for youth that are already receiving RSN services, of whether a new intake is needed to establish eligibility under the Access to Care Standards. This determination will be made based on RSN policies and procedures.
- Use of the full Child Adolescent Needs and Strengths Screen (CANS), and the entry of this information into BHAS, as a foundation to determine whether the youth is likely to benefit from WISe.
- It is expected that any youth who screens into WISe will necessarily meet Access to Care Standards.
Access Model to Wraparound with Intensive Services (WISe)

System of Care Principles: Engagement, Family Driven, Strength Based, Culturally Competent

CARE PLANNING

Temporary Higher Level of Care Accessed - Hospital, CLIP, or CAVBRS

SERVICE DELIVERY

Plan Evaluation

TRANSITIONS OUT OF WISe

Plan Implementation

Intensive Care Coordination

Mobile Crisis Stabilization

Individualized Services

Need Identification

Service Initiated

Yes

Care Planning

- Facilitator engages with family
- Immediate needs identified & addressed
- Strengths, needs & culture clarified
- Family Vision developed
- Facilitator & family engage with team

No

WISe Sufficient to meet the need?

DATA

Outcomes Achieved?

Yes

DATA

Transition to Other Supports/Services

- Mental health, community, natural, vocational, etc

Linkages Made

NO

Over 21 years?

Yes

DATA

Transition to Adult Services

Linkages Made

Temporary Higher Level of Care Accessed - Hospital, CLIP, or CAVBRS

DATA = Data Points Utilizing CANS Tools and Process