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| **Wraparound Eligibility Criteria and Referral Checklist** | | |
| Name: | Age: | Date of Referral: |
| **All Referrals to Wraparound must meet the following 5 criteria:** | **Criteria Met:** | **Notes:** |
| Enrolled in CCO (Medicaid Eligible) |  |  |
| Multi-system involvement (MH, DHS, JJ, IDD, Medical, IEP) |  |  |
| Active Mental Health Diagnoses |  |  |
| Care Coordination needs cannot be met by other systems |  |  |
| Youth and family/guardian interested and willing to engage in Wraparound process |  |  |
| **AND at least 2 of the following criteria:** |  |  |
| Stable living placement has been disrupted or is at risk of disruption due to mental health/behavioral health needs |  |  |
| Elevated risk that disrupts activities of daily living |  |  |
| Significant risk of losing school or day care placement due to behaviors related to mental health needs |  |  |
| Family support system and environmental stressors impacting activities of daily living |  |  |
| **OR current enrollment with CCO, enrollment in one of the following programs and family interested and engaging in the Wraparound process.** |  |  |
| Placement in Secure Adolescent Inpatient Program (SAIP), Secure Children’s Inpatient Program (SCIP) |  |  |
| Psychiatric Residential Treatment Services |  |  |

Approved for Wraparound:  Date:

Denied Wraparound:  Date:

Referred to Case Management:  Date:

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| Notes: |