

Wraparound Eligibility Criteria and Referral Checklist		
Name:	Age:	Date of Referral:
<b>All Referrals to Wraparound must meet the following 6 criteria:</b>	<b>Criteria Met:</b>	<b>Notes:</b>
Youth is under 18 years of age		
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		
<b>AND at least 2 of the following criteria:</b>		
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		
<b>OR current enrollment with CCO, enrollment in one of the following programs and family interested and engaging in the Wraparound process.</b>		
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: \_\_\_\_\_

Notes: