



**STATE OF WASHINGTON**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
Developmental Disabilities Administration \* P.O. Box 45310 \* Olympia, WA 98504-5310

**DDA MANAGEMENT BULLETIN**

**D18-015 – Procedure**

**June 25, 2018**

**Amended June 28, 2019**

**TO:** Regional Administrators  
Deputy Regional Administrators  
Field Services Administrators  
Case Resource Managers  
Social Workers

**FROM:** Debbie Roberts, Interim Deputy Assistant Secretary  
Developmental Disabilities Administration

**SUBJECT:** Referrals To WISe (Wraparound with Intensive Services)

**PURPOSE:** To establish the process for referrals to the WISe program, outline DDA's role as a cross-system partner, and explain how DDA services can support the Child-Family Treatment team.

Note: The WISe program for youth is different than the Washington Initiative for Supported Employment (WISE) Program.

**This management bulletin supersedes D17-021 issued on August 23, 2017.**

**BACKGROUND:** The WISe program provides comprehensive, behavioral health services and supports to Medicaid-eligible clients age 20 and younger.

The WISe program requires a team of natural and paid supports, known as the Child-Family Team, to coordinate the client's care. The Child-Family Team coordinates cross-system care between state agencies and assists clients and their families during times of crisis.

**WHAT'S NEW, CHANGED, OR CLARIFIED** Case resource managers must follow the referral process below and should actively participate in Child-Family Team meetings as their schedules allow.

DDA Case Resource Manager play an important role by offering relevant services to support the youth and their family. Access to certain DDA waiver services is subject to the processes outlined in [MB D17-027](#).

All services provided through cross-system partners must be documented in the client's person-centered service plan, which must be updated regularly to reflect the client's assessed needs and services and supports.

**ACTION:**

1. The case resource manager must offer a referral to WISe for a screening when:
  - a. The client or the client's family request a WISe screening;
  - b. The client or the client's family requests out-of-home treatment or placement substantially related to unmet mental health needs;
  - c. There has been a request to exit an institutional or group home care setting; or
  - d. The client has been receiving crisis intervention and presents with past or current functional indicators of need for intensive mental health services. Functional indicators include:
    - An inpatient mental health stay
    - Multiple out-of-home placement stays
    - Juvenile Rehabilitation services or adjudication
    - Use of multiple psychotropic medications
    - Anorexia or bulimia
    - Substance abuse disorder
    - Suicide attempt
    - Self-injury
2. The case resource manager may refer a client for a WISe screening if the client's need for behavioral health services and supports is primarily due to a suspected or confirmed mental health issue and the client:
  - a. Is diagnosed with an intellectual or developmental disability and has a diagnosis of a mental health condition;
  - b. Is receiving voluntary placement services but has been given notice terminating the placement due to behavioral or mental health issues;
  - c. Has a pattern of incident reporting that escalates/trends upward;
  - d. Is receiving services and supports from multiple state agencies, such as special education from the Office of the Superintendent of Public Instruction, or child welfare,

behavioral health, or juvenile justice services from administrations within DSHS;

- e. Is referred to the WISE program by the regional clinical team;
  - f. Is at risk of out-of-home placement or institutionalization; or
  - g. Based on a documented history, is at risk of eloping or disengaging from care due to behavioral or mental health issues.
3. When making a WISE referral the case resource manager must give the client and their family:
    - a. The [DDA and WISE Flyer](#), and
    - b. The contact information of a local WISE service provider. The case resource manager may use the [WISE Referrals Contact List by County](#). This resource is also available on the Health Care Authority's [WISE Implementation](#) website.
  4. The case resource manager must document in a service episode record all WISE referrals and evidence of ongoing support to the client as required by [MB D18-001](#).

**RELATED REFERENCES:**

[2013 Settlement Agreement](#)

**ATTACHMENT:**



Cross-System  
Memorandum of Un

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