Wraparound was implemented in 1997 pursuant to Senate Bill (SB) 163 that included both a federal and state program. The purpose of the Wraparound program is to provide family-centered strength based alternatives to Group Home (GH) placements in California. Assembly Bill (AB) 1758 changed the Wraparound Program from a pilot project to a permanent statewide program. AB 1758 did not change any regulations, policies or procedures concerning Wraparound Services. AB 1758 allowed Medi-Cal benefits without a share-of-cost to continue while receiving Wraparound Services.

Foster Care (FC) funds are used to provide Individualized Services Plans (ISP) to eligible children/youth and their families to avoid more restrictive and costly placements. ISP are completed by Wraparound providers which must include the beginning and ending date of the Wraparound period, commonly know as the “Wraparound Episode.”

The services are tailored (wrapped around) to the individual’s needs. Children or youth (including Non-Minor Dependents (NMDs)) are referred to the Wraparound Program by the Department of Family and Children Services (DFCS) or Juvenile Probation Department (JPD) and must be dependents under the supervision of DFCS or court wards under the supervision of JPD. Children or youth receiving Adoption Assistance Program (AAP) benefits are also eligible for Wraparound Services under the AAP program requirements. The goal is to strengthen the family and enable them to remain with or return to the family.

Wraparound referrals for foster care children/youth are sent to the Resource and Intensive Service Committee (RISC) for approval. The post-adoption social worker supervisor (SWS) approves Wraparound for adopted youth. Once RISC or the post-adoptions supervisor approves Wraparound the child/youth is assigned a Wraparound provider.

Each provider is allocated a number of slots for services. Service allocation slots are specified funds available to pay for treatment and services. Wraparound service providers and available slots are subject to change at the discretion of the County.

The current providers for Wraparound Services in Santa Clara County and their respective available slots along with their MEDS and CalWIN provider numbers for mental health services are listed on Table 25-1.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Available Slots</th>
<th>MEDS Provider Numbers</th>
<th>Calwin Provider Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uplift Family Services* ITWS** - Matrix</td>
<td>40</td>
<td>43 BX</td>
<td>442</td>
</tr>
<tr>
<td>Uplift Family Services* Under the Uplift Program</td>
<td>40</td>
<td>43 BX</td>
<td>442</td>
</tr>
<tr>
<td>Odd Fellow’s Rebekah Children’s Home Under Compadres</td>
<td>40</td>
<td>43 AS</td>
<td>447</td>
</tr>
<tr>
<td>Unity Care Inc. under Odyssey (services ended effective March 8, 2016)</td>
<td>40</td>
<td>43 A9</td>
<td>498</td>
</tr>
<tr>
<td>Seneca Family of Agencies ITWS** - Seneca Plus</td>
<td>20</td>
<td>43 6K</td>
<td>463</td>
</tr>
<tr>
<td>Seneca Family of Agencies - Seneca Connection</td>
<td>40</td>
<td>43 6K</td>
<td>463</td>
</tr>
<tr>
<td>Seneca Family of Agencies for AAP only (Uses Seneca Connection)</td>
<td>15</td>
<td>43 6K</td>
<td>463</td>
</tr>
<tr>
<td>Star View Children and Family Services, Contracting Star Lite for Services</td>
<td>40</td>
<td>43 AG</td>
<td>105378</td>
</tr>
</tbody>
</table>

*Formerly Families First/EMQFF  
**Intensive Targeted Wraparound Services (ITWS)

Wraparound Services may be offered by providers not listed above. This is not a common practice and is addressed on a case by case basis when the youth is eligible for Wraparound Services and does not reside in the County of Santa Clara. The Social Worker (SW)/Probation Officer (PO) will make the recommendation to RISC for approval (except AAP cases). The referring agency will complete a service agreement with the provider. Foster Care Eligibility (FCE) is given payment instructions for the designated provider. This option is available for youth in FC and AAP, however, with AAP cases the service agreement is completed by the post-adoption unit and the FC EW are provided with payment instructions directly from the post-adoption SW.

Once a child/youth is assigned a Wraparound provider, the provider develops an ISP, which details the provisions of the services. Once the ISP is developed the child/youth remains eligible for the time period specified in the ISP or the Wraparound episode.
25.1 Provisions

Wraparound Services:

• Provide individualized Wraparound Services necessary to keep children/youth in their homes

• Allows individuals to be returned to their families, or

• Allows individuals to be placed at a lower level of foster care placement.

Adopted children or youth may participate in this program if they are otherwise eligible for the AAP funded GH placements, and if they meet the definition of the target population.

Note:
AAP children or youth that return to foster care placements under DFCS or JPD are eligible for FC funded Wraparound.

25.2 Services Provided

The following services are provided by Wraparound:

• Basic services, such as assistance with housing or transportation
• Socialization experiences and recreational activities to develop peer relationships and psychosocial skills
• Family education (parenting classes, problem solving, and daily living skills)
• Educational/vocational support
• Mental health services and 24-hr crisis intervention
• Parent advocacy support, and
• Development of an ISP.

Not all California counties participate in the Wraparound Program. As of December 2015, the following counties do not have Wraparound Services; Alpine, Amador, Calaveras, Kings, Madera, Modoc, San Benito, Sierra, Trinity and Tuolumne.
25.3 General Eligibility

Who is Eligible for Wraparound Services

The FC Child’s or Youth’s SW/PO is responsible for the screening and recommending Wraparound Services. SW/PO present their referrals to RISC for approval. At the RISC meeting Wraparound Services are requested for the following reasons:

• To maintain a child or youth at home, in a relative home or in a foster home when they run the of risk placement in a GH.

• To transition a child or youth from an out-of-home placement to a parent’s care.

• To transition a child or youth from an out-of-home placement or GH or community care facility to a parent, relative or foster home.

Note:

Effective July 1, 2011, Mental Health Department stopped referring youth under Severely Emotional Distributed (SED) program for Wraparound Services.

The applicant must meet all other eligibility criteria including age, and NMDs requirements. RISC approves DFCS and JPD Wraparound referrals. Children and youth receiving AAP benefits are approved for Wraparound by the post-adoption Social Worker Supervisor (SWS).

Children/youth meeting the following criteria are eligible for Wraparound Services:

• A child/youth who has been adjudicated as either a dependent or ward of the Juvenile Court and who would be placed in a GH licensed in Rate Classification Level (RCL) 10 or higher,

• Effective July 1, 2012, children/youth in GH receiving Wraparound Services must be evaluated for a lower level of care or if approved it must be paid using County Only funding.
Note:
RCLs are explained in the foster care section of Chart Book. Currently, Santa County does not approve Wraparound Services for youth in voluntary placements.

- NMDs may receive Wraparound Services. To be eligible the NMD must continue to meet the eligibility requirements for the Extended Foster Care (EFC) program. Wraparound is a voluntary program for NMDs, if the youth is no longer participating in EFC Wraparound Services must be terminated. For information regarding the EFC [Refer to “Extended Foster Care (EFC) Benefits”].

- Undocumented dependent children/youth and wards must have completed and submitted Permanent Residents Under The Color Of Law (PRUCOL) forms by their placing SW/PO prior to submission of the RISC.

Once a child/youth is determined to be eligible for Wraparound he/she shall remain eligible for the period of time specified in his/her ISP. The ISP period is the Wraparound episode. The youth must remain enrolled and receiving Wraparound Services during the ISP period. This includes youth returning home during the Wraparound episode.

Example:
When Wraparound benefits are paid using Aid Code 42, the youth remains in Aid Code 42 even when the youth returns home, unless the youth turns 18. If the youth turns 18 years old during the Wraparound episode, the appropriate NMD Aid Code must be used the following month the youth turned 18 and under the same funding source. If the youth was federally eligible under Aid Code 42 he/she remains federally eligible under NMD Aid Code 49 while under the same Wraparound episode.

Example:
When a youth has been placed in a GH under the Intensive “Targeted Wraparound Services” (ITWS) Program where County Only funding is being used, when the youth returns home non-federal funding or Aid Code 40 is used for youth under the age of 18.

Eligible children or youth can terminate and re-enter the Wraparound program as long they remain eligible for foster care services or under the supervision of JPD. A new RISC referral is required when the ISP has ended or is terminated.

AAP youth are approved for Wraparound Services no more than 18 months at a time. The youth may stop Wraparound during the 18 month period and resume Wraparound under the same 18 month period. AAP child or youth must meet the following requirements:
Wraparound Program

- The child was adopted in Santa Clara County (SCC). The child is certified as eligible for AAP funds.

- The child has been adopted through SCC is at risk of being voluntarily placed in out of home care at a treatment facility with an RCL 10-11 or RCL 12-14.

- The child is eligible for AAP under an existing or deferred agreement.

**Note:**

When an AAP youth is under a deferred agreement and approved for Wraparound Services, AAP benefits must be either reinstated or approved. Deferred Agreements must be initiated immediately after the adoption or during the adoption benefits period.

All children or youth receiving Wraparound Services must be in an active Medi-Cal program. Their Medi-Cal eligibility is based on their concurrent FC, AAP or CalWORKs case.

When a JPD youth is returning home with approved Workaround and the family is active on Medi-Cal the appropriate Aid Code for Medi-Cal must be used, Refer to [“Payment Issuance” on page 25-17].

When youth has no active Medi-Cal case; Medi-Cal must be established prior to approval of Wraparound Services. When Medi-Cal is established only for Wraparound, both programs will be in the same case. The redetermination due date is based on the Medi-Cal program as long as wraparound is active. The assigned FC EW will complete the Medi-Cal redetermination. When Wraparound is terminated, the youth is eligible for Continuous Eligibility for Children (CEC) the first day of the follow month after wraparound is discontinued unless the youth is 18. Youth 18 and older are eligible for Former Foster Youth (FFY) Medi-Cal (“Continuous Eligibility For Children (CEC) Aid Code 7J/7K [Section 50189 of Title 22]” on page 34-22, and “Medi-Cal Eligibility for Former Foster Youth (FFY) 18 to 26 Years of Age Aid 4M” on page 34-28).

**Wraparound and Kin-GAP**

Currently there is no funding source available for KinGAP children/youth to receive Wraparound Services. If a Kin-GAP youth is approved for Wraparound Services it must be paid by county only funding. However, if the Kin-GAP youth returns to court dependency and is placed in a foster home under the supervision DFCS or JPD, the Kin-GAP youth is eligible for Wraparound Services while living away from the Kin-GAP guardian. If the Kin-GAP youth returns to the Kin-GAP guardian during the wraparound episode, wraparound will continue until the ISP has expired or is terminated.
25.4 Payment Rules

Wraparound payments are not for the child’s basic placement needs. Payments are sent to the designated providers for services. The payments are based on either a contracted rate or the Santa Clara County standard rate.

**Contracted Wraparound Services**

Contracted or Independent Services Agreements for Wraparound Services are negotiated but cannot exceed the state approved rate refer to “Foster Care Charts” on page 3-1. The facility must not be one listed in [Refer to Table 25-1, “,” on page 25-2]. In most instances, before approving the contracted services, the SWS for both FC and adoptions must determine the wraparound rate for the provider.

**Example:**  
The request for Wraparound Services is for a provider in San Francisco, county. The SWS must determine the wraparound rate that San Francisco county pays.

When the contract is executed for youth with a current FC placement or under the supervision of JPD, the payment must be approved with county only funding. The FC EW will be provided with a “Placement Expense” (SCZ 414Z) form to issue payments.

AAP youth may also have Wraparound Services provided through an independent service agreement negotiated between the post-adoption unit with a selected facility. This normally happens for youth placed outside of Santa Clara County. The facility must not be one listed in [Refer to Table 25-1, “,” on page 25-2].

AAP youth receiving Wraparound Services are eligible for the state-approved wraparound rate regardless of their funding status. For current rates refer to “Foster Care Charts,” page 3-1. The adoption SWS may negotiate a rate that is not the standard rate approved by the county of residence. When the state approved rate is used, the monthly benefits paid to the AAP parents are deducted from the wraparound rate.
Note:

FC EWs are not required to have a copy of the agreement when issuing AAP contracted wraparound rates, they will only receive payment instructions. Monthly invoices are required.

Example:

A federally funded AAP youth is approved for Wraparound Services in County of San Francisco with an RCL 13. The current rate is $883 + 390 (SCI) a total of $1,273 is being paid to the adoptive parent. The post-adoption SWS approved the maximum of $9,801. The wraparound payment sent to the provider is $9,801 - 1273 = $8,528.

Santa Clara County Approved Wraparound Rates

Prior to July 1, 2012, when the child/youth was in a FC placement and also receiving Wraparound Services, the cost of placement was subtracted from the Wraparound rate and the remainder was paid to all providers.

FC Cases effective July 1, 2012, are no longer the requirement to subtract the cost of placements. Wraparound benefits are set at a flat rate of $3,500 per month beginning July 1, 2012. Payments are made based on filled slots.

When an adoptive family agrees to participate in Wraparound, the amount of the AAP benefit is increased to the appropriate GH rate (RCL 10.5 or 13). The family continues to receive their negotiated AAP benefit – including any Specialized Care Increments (SCI) – and the remaining funds are used to pay the provider for Wraparound Services.

Effective July 1, 2013, there is no longer the requirement to subtract AAP benefits from the Wraparound payment. AAP Wraparound flat rate is $3,500 per month. Payments are made based on filled slots.

25.4.1 Wraparound Invoicing and Payment Due Dates

The Wraparound provider is required to submit monthly invoices to the Placement SWS by the seventh (7th) day of the month following services. The Placement SWS submits the invoice list to FCE for payment. FCE will issue payments by the twenty-fifth (25th) day of the following month.

The invoice must specify the last and first name of the child, date of birth, the start date and end date (if applicable) and the number of invoicing days. Invoices from Uplift Family Services (formerly Families First) must include either “Matrix” or
“Uplift” and Invoices from Seneca Family of Agencies must include “Seneca Plus” or “Seneca Connections” (“Payment Rules” on page 25-7). When services do not begin on the first of the month or end on the last day of the month, benefits are pro-rated based on the number of days the service was provided. The invoice list must provide the number of days.

**Note:**

Wraparound invoices must be submitted monthly from all facilities providing services, including contracted facilities.

### Wraparound and CalWORKs

Children/youth are eligible for Wraparound Services while on CalWORKs. These youth must be under the supervision of DFCS or JPD. When a family is receiving CalWORKs and has a child/youth at home in the Wraparound program, the child/youth is included in the Assistant Unit (AU) and the family continues to receive CalWORKs, CalFresh and Medi-Cal if otherwise eligible. The Wraparound payment is not considered income in the CalWORKs case nor is the CalWORKs considered income in the Wraparound case. It is not considered a duplicate payment.

If the family receives a lump sum payment or other items of need through the Wraparound program, they are treated as income or resources in the month of receipt (this is rare).

Children/youth on CalWORKs and receiving Wraparound must remain on Medi-Cal under the CalWORKs case using the appropriate Medi-Cal aid code [Refer to “Implementation of Aid Code 4H for Foster Care Children in CalWORKs Program and Aid Code 4L for Foster Care Children in the 1931(b) Program”].

CalWORKs youth receiving Wraparound Services remain active on the CalWORKs case. The Wraparound case is maintained by FCE solely for the issuance of wraparound payments.

When Medi-Cal is terminated on the CalWORKs case and Wraparound remains active, FCE must add Medi-Cal to the Wraparound case using Aid Code 45. Medi-Cal is to remain active until Wraparound is terminated. Once Wraparound is terminated there is no eligibility for Aid Code 45.

When there is no other active Medi-Cal program FCE will convert Aid Code 45 to Continuous Eligibility for Children (CEC) or Aid Code 7J the month following the termination of Wraparound until the next redetermination (RRR) date as long as the youth is under 18. If the youth is 18 or older they are eligible FFY Medi-Cal.
Wraparound Program

("Continuous Eligibility For Children (CEC) Aid Code 7J/7K [Section 50189 of Title 22]," page 34-22 and "Medi-Cal Eligibility for Former Foster Youth (FFY) 18 to 26 Years of Age Aid 4M," page 34-28).

The RRR date is determined by the month in which the FC, AAP, CalWORKs or Medi-Cal began. When the RRR packet is returned to FCE and the youth is on CalWORKs it is forwarded to the district office with the active case to be evaluated for another eligible Medi-Cal program. [Refer to “Wraparound Redeterminations (RRR)].

Note:
Any issues relating to the CalWORKs or Medi-Cal district office procedures regarding approving Aid Code 4H for youth receiving Wraparound Services, must be addressed in the appropriate office. Additionally, SB 87 rules apply for all Medi-Cal redeterminations.

25.4.2 Foster Care Wraparound Youth Placed in Group Homes (GH)

Effective July 1, 2012, FC youth placed in GHs are not eligible for Wraparound Services unless payment is approved with county only funding. DFCS will provide “Blanket Approvals” to use county only funds to pay for youth receiving Intensive Targeted Wraparound Services (ITWS). Blanket Approvals are renewed at the discretion of DFCS, and currently approved quarterly. Blanket Approvals are posted to the SSA intranet as Foster Care Updates.

ITWS are currently only provided by Uplift Family Services and Seneca Family of Agencies. Additional providers may be added at the discretion of DFCS. Currently, the two agencies providing ITWS have two different Wraparound programs:

Uplift Family Services provides:

• Matrix, and
• Uplift.

Seneca Family of Agencies provides:

• Seneca Plus, and
• Seneca Connections.

When either Uplift Family Services or Seneca Family of Agencies sends monthly invoices they must specify which of the above services they are providing. AAP cases will always use Seneca Connections.
If Wraparound Services are approved for a youth placed in a GH and that is not covered by the Blanket Approval, the FC EW must return request or invoice to the Wraparound placement SWS. A SCZ 414Z is needed to issue payments and will be approved every six months.

When the youth returns to a provider that is not a GH or FFAs receiving THPP, and is still receiving Wraparound Services county funding is no longer necessary. The

**Note:**
When payments are issued for youth placed in GHs or FFAs receiving THPP, FC EW must follow the instructions provided in "Payment Issuance" on page 25-17.

### 25.4.3 Foster Care Wraparound Youth Placed in Transitional Housing Placement Program (THPP)

THPP placements are treated the same as GH placements when determining the use of county only funds. The THPP program can be approved for youth placed in GHs or FFA.

When a youth is changing placements from a foster family home to a THPP placement the use of county funds is needed to pay for Wraparound Services. The FC EW must notify the Wraparound SWS that the placement has changed. The Wraparound SWS must provide a SCZ 414Z to issue the wraparound payment, when the placement is not covered under the Blanket Approval.

### 25.4.4 Wraparound and Juvenile Probation Department (JPD)

Normally a juvenile who is incarcerated due to criminal activity is not eligible for Medi-Cal. Therefore benefits must be suspended. However, a juvenile awaiting placement for Wraparound Services in a juvenile detention center is eligible for Medi-Cal if all eligibility requirements are met. Youth in juvenile hall remain there for their protection or their best interest. For more information see Medi-Cal Update 2012-17. [Refer to “Medi-Cal Eligibility For Juveniles Placed Temporarily In Juvenile Detention Centers].

**Note:**
When the youth is under the supervision of JPD and is receiving AAP benefits, the post-adoption SW must be notified when considering or approving wraparound services.
Wraparound Program

Foster Care Handbook

JPD provides Wraparound services with three options:

- JPD Wraparound with placement orders,
- JPD without placement orders, and
- JPD ranch Re-Entry.

JPD youth can leave juvenile hall pending Medi-Cal approval. When JPD approves a youth for Wraparound Services a “Medi-Cal Application Transmittal Information Form” labeled “Wrap Case” is sent to FCE. At that time Medi-Cal should be approved if not already active.

Note:
There are JPD youth that remain at home with their parents or guardians but are at risk of being removed; These youth are under the supervision of JPD and also eligible for Wraparound. Eligibility criteria are the same as JPD youth without placement orders.

After the youth appears in court, JPD forwards the disposition minute order to FCE. JPD youth receiving Wraparound Services remain under the jurisdiction of JPD, but the Wraparound payment is paid by FCE.

JPD Wraparound With Placement Orders

JPD youth preparing for release with placement orders, are youth that will go into foster care placement under the authority of JPD. JPD refers these youth to RISC for Wraparound services. When RISC approves Wraparound, JPD forwards a Medi-Cal packet and the RISC referral to FCE. These youth remain in juvenile hall until Medi-Cal is approved.

JPD Without Placement Orders

When JPD youth returns home with Wraparound services, they are not required to have placement orders. These youth can return home pending Medi-Cal approval. These youth also remain under the jurisdiction of JPD and eligible for Wraparound Services.

Many times these youth will return to an active CalWORKs cases with Medi-Cal. Youth that are not in juvenile hall but are under the supervision of JPD are also eligible for Wraparound. These youth must be added to or may be a part of the CalWORKs and Medi-Cal case. Appropriate Aid Code for youth on CalWORKs receiving FC must be used. FCE will e-mail the CalWORKs/Medi-Cal office when the youth’s Aid Code must be changed. Refer to “Implementation of Aid Code 4H for Foster Care Children in CalWORKs Program and Aid Code 4L for Foster Care
Children in the 1931(b) Program. It is the responsibility of the district office to complete the request. These youth must remain active on Medi-Cal for specified period included in the ISP.

**JPD Ranch Re-Entry**

When Wraparound is approved the “Medi-Cal Application Transmittal Information Form” labeled “Wrap Case” must be sent to FCE three days prior to the release date (the transmittal must include the release date in order to be processed).

FCE will determine whether the youth must be added to the CalWORKs (all Ranch Re-Entry youth return home) or if Medi-Cal is required. When there is no underlying CalWORKs, FC, or Medi-Cal case, a Medi-Cal case must be opened and approved by FCE. FCE will establish a Medi-Cal case based on the application packet submitted by the JPD. Wraparound is added to the established Medi-Cal case.

FCE must ensure and advise JPD that Medi-Cal is active either on the release date or within the week of being released.

**25.4.5 Wraparound Services For Youth Receiving Supplemental Security Income (SSI)**

SSI youth will always have active Medi-Cal. When an SSI eligible child/youth is residing with a parent, the parent shall be the payee for the SSI benefits. The SSI is not counted as income and is not abated from the Wraparound payment. When an SSI youth is in FC, the County will become the payee for the SSI benefits and abate the payment from the placement cost. SSI children/youth are eligible for fee-for-service Medi-Cal, therefore will not have Medi-Cal attached to their Wraparound case.

SSI youth follow the same eligibility process as other Wraparound with the exception of the youth receiving SSI outside of Santa Clara County. These youth are not eligible for Wraparound until the SSI payee is changed to the County of Santa Clara. SSI Medi-Cal will always override all other Medi-Cal programs.
25.4.6 Wraparound Services for Children/Youth Permanently Residing Under Color of Law (PRUCOL)

To be eligible for Wraparound Services, children who are not U.S. citizens are required to present documentation which clearly identifies that they have been granted legal status in one of the eligible categories. The placing worker, either the SW or PO must complete the PRUCOL packet. When there is no underlying foster care or CalWORKs, Medi-Cal case must be established by FCE. [Refer to “PRUCOL for FC Children].

25.4.7 Wraparound and Non-Minor Dependents (NMD)

For NMDs Wraparound Services can continue to be addressed at any time until reaching the maximum age for Extended Foster Care (EFC). To be eligible NMDs must continue to meet the eligibility requirements for participation in the EFC program. SWs/POs requesting Wraparound Services must determine the NMD is at risk of placement in a GH at a RCL of 10 or higher, or they are currently placed in a GH and will be transitioned to a lower level of care within the next three months.

Youth referred for Wraparound Services within six month prior to their 18th birthday must have a discussion with their assigned SW/PO about participating in the EFC. When the youth is approaching 18 years of age, the youth must have a SOC 161 on file to participate in Wraparound. Participation in Wraparound is completely voluntary for NMDs, and it may be terminated at any time. Youth 18 but under 21 must be participating in EFC in order to be eligible to participate in Wraparound Services. [Refer to “Extended Foster Care (EFC) Benefits].

25.4.8 Notices of Action (NOA)

When payments are made from the Wraparound case FC EWs are not required to issue approvals, changes, or discontinuance NOAs. Wraparound is a contacted service that is paid upon invoice. When the provider is overpaid a NOA addressing the overpayment must be manually generated and sent to the provider. A copy of the overpayment NOA must be sent to Collections.
25.4.9 Wraparound Redeterminations (RRR)

Children and youth approved for Wraparound Services must have Medi-Cal active, however, there is no redetermination needed for wraparound because the services are contracted and invoiced for payment. There are three possible scenarios for completing the RRR:

• When there is a corresponding active FC or AAP case the RRR is completed on the active FC or AAP case.

• When there is no active FC or AAP case and the Wraparound child/youth is on an active CalWORKs the RRR is completed on the active CalWORKs case.

• When there is an active Medi-Cal case with Wraparound, the RRR is completed as a Medi-Cal RRR.

Note:
It is important to note that as long as Wraparound remains active, the redetermination follows current RRR policy for the underlying case.

When a Medi-Cal case is opened only for Wraparound and Wraparound has discontinued, the RRR packet is generated by FCE. Continuous Eligibility for Children (CEC) is setup the month following the termination of Wraparound as long as the youth is under 18. When the youth is 18 or older they are eligible for FFY Medi-Cal.

When Wraparound has terminated and there is no underlying FC, AAP or CalWORKs case and after CEC has been set up, the youth must be evaluated for another Medi-Cal program before Medi-Cal is terminated.

Note:
SB 87 rules apply to all Medi-Cal programs.

When the RRR packet is returned, the RRR packet along the “Eligibility Verification Checklist” (SCD 1121FC) with the required documents attached must be forward to district office for evaluation of a different Medi-Cal program.

All foster care placements including Wraparound are confidential, therefore a new Medi-Cal case must be opened in district office. Normally, a new Medi-Cal is not opened until CEC has ended, however, when District Office is ready to activate a Medi-Cal case and the FC case is still open, they must advise FCE to terminate their case. Communication between district office and FCE is essential to avoid disruption of Medi-Cal benefits.
25.5 Rates

Before July 1, 2012, there were two rate levels for Wraparound Services relating to foster care. One for the placement in RCL 10-11 or 10.5, the other for placement in RCL 12-14 or RCL 13. Effective July 1, 2012, for DFCS and JPD and effective July 1, 2013, for AAP cases, the payment rate changes to a flat rate and is the same regardless of the RCL levels unless the rates are contracted ("Payment Rules" on page 25-7).

Note:
For clarification of the rates refer to "Foster Care Charts," page 3-1.

25.6 Payment Determination

The Wraparound payment is prorated for the first and last month of treatment when the first and last day is not the first day or the last day of the month:

- Wraparound payments start the first day of service, and
- End the day before the last day of service.

25.6.1 Runaways or Gap In Services

When a youth receiving Wraparound Services is a runaway the SW/PO will make a determination to continue benefits if it is two days or less to avoid an interruption in funding. When the child is absent for 3 consecutive days or more during a calendar month, the SW/PO must have SWS and SSPM approval to continue payment for up to 14 calendar days.

To resume Wraparound Services after a runaway episode of 14 days or more, the SW/PO must submit a SCZ63A for approval. As long as it is less than six months, the SW/PO can submit a modified RISC referral (or an updated AAP 2), by attaching the previous RISC referral to approve a new Wraparound episode. A modified RISC referral are the same as a new RISC referral; a new ISP must be completed by the provider which will note a new start date for a new Wraparound episode.
Note:
Modified RISC referrals are for DFCS to determine a new Wraparound episode.

The modified RISC referral must include the beginning date of the new episode. The modified RISC may include a new or the same provider as the previous episode.

When an AAP youth is on the run and receiving Wraparound, the updated AAP 2 is not considered a new Wraparound episode. A new Wraparound episode is only considered when the current Wraparound period (18 months) has expired. The youth must return to the adoptive home before a new episode is considered.

25.6.2 Wraparound Youth Returns Home During The Wraparound Period

Once a FC child/youth is determined to be eligible for Wraparound Services he/she remains eligible for the time period specified in his or her ISP. AAP youth are approved for 18 months for each episode.

When the child/youth returns home and the ISP has ended a new Wraparound period can be requested. A new referral is sent to the RISC for approval. When approved, this a new Wraparound episode.

When the family is eligible for CalWORKs, CalFresh and Medi-Cal, the youth must be added back to all programs. When the youth is added back to the family’s Medi-Cal case, FCE must discontinue the Medi-Cal Program portion of their Wraparound case. When there is no underlying Medi-Cal for youth returning home, FCE will maintain the established Medi-Cal. [Refer to “Wraparound and CalWORKs”]

25.7 Payment Issuance

The County of Santa Clara has contracted Wraparound Services with five providers listed on [Refer to Table 25-1, “,” on page 25-2. Uplift Family Services and Seneca Family of Agencies have two different programs each (refer to “Foster Care Wraparound Youth Placed in Group Homes (GH)” on page 25-10). Wraparound may also be paid to contracted agencies. All wraparound payments are issued in CalWIN through the Non-System Determined Issuance (NSDI) window upon
receipt of the invoice. The fiscal department must be able to track all wraparound payments that are issued including the program types. When issuing payments the FC EW must identify the following:

- **Program**: Wraparound,
- **Aid Code**: Choose one: 40, 42, 43, 49, 5K, 03, 04 or 9X,
- **Payment Type**: Foster Care Not State/Federal Claimable or Regular Benefits
- **Issuance Type**: Warrant,
- **Issuance Method**: Regular Mail
- **Payment Subtype** (Use this option for Uplift Family Services, Seneca Family of Agencies or when the Aid Code is 9X):
  - 4Z1 - WA - Matrix,
  - 4Z2 - WA - Uplift,
  - 4Z3 - WA - Seneca Plus,
  - 4Z4 - WA - Seneca Connection (AAP will always use this subtype),
  - 4XM- WRAP for non/Fed/State Eligible (when not placed with Uplift Family Services or Seneca Family of Agencies),
- **Issuance Reason**: Wraparound,
- **Issuance Amount**: Cannot exceed the standard ($3500) or contracted rate,
- **Payment Month**: Taken from Invoice,
- **Benefit Begin and End Date**: Auto populated,
- **Payee Name**: One of the five or contracted facilities, For, Youth receiving Services.

After the payment is issued, the FC EW must check the **Search for Issuance** window to be sure the warrant was issued to the correct provider.

Below is a high level overview of the process:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Who</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>FC MA/ FC SSPM / FC Clerical</td>
<td>• Receives approved RISC packets from the placement SWS.</td>
</tr>
</tbody>
</table>
| 2.    | FC MA, FC Clerical/ FC SSPM | • Receives approved monthly invoices from the placement SWS.  
• Enters the received invoices listing and archives them into the S-Drive under Wraparound.  
• Forwards the listing to FC Clerical for TMT assignment or Triage for processing. |
### Wraparound Program

<table>
<thead>
<tr>
<th>Stage</th>
<th>Who</th>
<th>Action</th>
</tr>
</thead>
</table>
| 3.    | Triage         | • Prepares initial payment packets for Intake.  
• When the facility is Uplift Family Services or Seneca Family of Agencies, verifies the following program is included on the invoice:  
  • Uplift Family Services - Matrix or Uplift  
  • Seneca Family of Agencies - Seneca Plus or Seneca Connection.  
• If the program is missing contacts the Wraparound SWS for clarification.  
• Forwards packets to AS for TMT Intake Assignment when invoice is received. |
| 4.    | FC Clerical    | • App Reg the CalWIN case for Medi-Cal and Wraparound (Medi-Cal is added only when there is no active Medi-Cal case).  
• Assigns TMT to either Intake or Continuing. |
| 5.    | Intake FC EW   | • Verifies signatures on the RISC referral (SCZ63) and that the approval dates on the RISC referral (SCZ63) match the invoice.  
• Completes the **Collect Wraparound Program Detail** window.  
• Completes budget sheet (SCD 32).  
• Issues initial payment through NSDI the month following the month services were provided, under one of the following Aid Codes:  
  • Aid Code 03 for Federal Funded AAP with subtype,  
  • Aid Code 04 for State Funded AAP with subtype,  
  • Aid Code 40 non-Federal FC,  
  •CalWORKs and JPD),  
  •Emergency Assistance (EA) funded.  
• Aid Code 42 for Federal Funded Foster Care  
• Aid Code 43 for State Funded NMDs  
• Aid Code 49 for Federal Funded NMDs  
• Aid Code 49 for Federal Funded NMDs  
• Aid Code 9X for County Funded payments.  
• All other placement use payment subtype 9X-4XM  
• Document case comments in CalWIN  
• E-mails FC MA Wraparound Case No.  

**Note:** When issuing benefits for Uplift Family Services or Seneca of Family Agencies issue the appropriate Aid Code AND the appropriate “Payment Subtype.” |
| 6.    | Contg FC EW    | • When appropriate, Completes SCD 32 for pro-rated Invoices.  
• Issues NSDI payment under the appropriate Aid Code  
• When Wraparound has been terminated updates the **Collect Wraparound Program Detail** window  
• Determine appropriate Medi-Cals actions [Refer to “Wraparound and Medical” Documents Case Comments in CalWIN.  

**Note:** When issuing benefits for Uplift Family Services or Seneca Family Agencies issue the appropriate Aid Code AND the appropriate “Payment Subtype.” |
25.7.1 Wraparound Overpayments

An overpayment is any amount paid which a foster care provider received on behalf of a child to which the provider was not entitled. An overpayment claims must be established by the assigned FC EW and referred to Collections. Overpayments must be repaid within ninety (90) days of the discovery of the overpayment.

<table>
<thead>
<tr>
<th>Who</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC EW</td>
<td>Completes a CA30/SCD13 for the amount of overpayment.</td>
</tr>
<tr>
<td></td>
<td>Creates a manual claim in CalWIN and refers it to Collections.</td>
</tr>
<tr>
<td></td>
<td>Manually completes an overpayment Notice of Action (NA 1261) in CalWIN and makes a copy for case.</td>
</tr>
<tr>
<td></td>
<td>Ponies, e-mails or Faxes documents to Collections (CA30 &amp; NOA).</td>
</tr>
<tr>
<td></td>
<td>Enters CalWIN case comments to include the overpayment period.</td>
</tr>
</tbody>
</table>

25.8 Wraparound and Medical

Children or youth who are eligible for Wraparound Services are also eligible for Medi-Cal benefits under the Medically Needy Program or under other potentially applicable Medi-Cal programs and shall remain eligible for Medi-Cal during their participation in Wraparound Services. Youth sent home, without a change in the individual’s status as an adjudicated dependent or ward of the juvenile court is not cause for a redetermination for either Federal or Non-Federal FC unless necessary to obtain federal financial participation for Medi-Cal.

Note:

The Wraparound program does not cover medical expenses that are covered by Medi-Cal.

Additionally, Behavior Health Services BHS formerly the Department of Mental Health (DMH) requires local mental health managed care plans to establish a procedure to ensure access to outpatient specialty mental health services for FC children/youth placed outside of their county of origin. This would include Medi-Cal eligible youth receiving Wraparound Services.

Children/youth (including NMDs) in Wraparound Services who receive benefits under Title IV-E (Federal) are eligible for Medi-Cal benefits as long as Title IV-E FC payments are made on the individual’s behalf. These individuals should be placed
in Aid Code 42. When they are NMDs they are placed in Aid Code 49. Children who are evaluated for Non-Federal FC benefits using Aid Code 40. When they are NMDs they are placed in Aid Code 43.

Individuals who receive AAP benefits are to remain on their respective Medi-Cal program while receiving Wraparound Services in Aid Code 03 for the Federal program and Aid Code 04 for the State program. Only Federal youth are eligible for extended benefits under the EFC, these youth are to be placed in Aid Code 07.

Individuals approved for Medi-Cal and supervised by JPD shall either be added to their parents CalWORKs case that includes Medi-Cal under Aid Code 4H. If no other Medi-Cal program is available, Medi-Cal is established by FCE and Wraparound is added to the established Medi-Cal case. The Wraparound payment uses Aid Code is 40 but the Medi-Cal is active under Aid Code 45.

Youth receiving Medi-Cal under Aid Code 45 are only eligible for this program while receiving Wraparound Services. There is no eligibility for Medi-Cal Aid Code 45 upon termination of Wraparound after the end of the month. When Wraparound is terminated and the youth is under 18 the youth is eligible for Continuous Eligibility for Children (CEC) Medi-Cal (MC) benefits. The Aid Code must be changed the following month after Wraparound is terminated to 7J (using Bottom Line Override) until the next RRR date unless the youth is added to another zero-share of cost Medi-Cal program. These children/youth must be evaluated for a different Medi-Cal program prior to the RRR due date. When Wraparound Services is terminated for a youth 18 or older, the youth is eligible for Former Foster Youth (FFY) MC. For more information regarding CEC and FFY eligibility, refer to the FC “Continuous Eligibility For Children (CEC) Aid Code 7J/7K [Section 50189 of Title 22],” page 34-22 and “Medi-Cal Eligibility for Former Foster Youth (FFY) 18 to 26 Years of Age Aid 4M,” page 34-28.

Note:
SB 87 rules apply for all Medi-Cal redeterminations.
25.9 Closing Wraparound Cases

When the Wraparound invoice shows an end date the assigned FC EW must terminate the Wraparound Program. When there is an underlying FC, AAP or CalWORKs case the Wraparound case must be closed. When there is no underlying FC, AAP or CalWORKs case, Medi-Cal under the wraparound case will remain open until the end of the CEC period. SB 87 rules must be applied before terminating Medi-Cal.

<table>
<thead>
<tr>
<th>Step</th>
<th>Who</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1.   | ES  | **To Close the Wraparound Program EWs will do the following:**  

- From the **Search for Issuance** window, determine what “Aid Code” the last Wraparound payment was made.  
- Update the **Wraparound Program Detail** Window with the “Effective End Date” taken from the Invoice list.  
- On the **Collect Withdraw/Deny/Cancel/Terminate Program Detail** window  
  1. Select status **Withdraw**.  
  2. Enter the **Effective Begin Date** with the date taken from the Invoice List (Should be the same date entered on the Effective End Date from the **Wraparound Program Detail** window).  
  3. Enter the **Reason** “Child not in Wraparound.”  
  4. Enter the **Presumed Aid Code** which was determined above.  

[Refer to Foster Care Update 12-05 “Foster Care (Revised 03/27/13),” page -1]  

**Note:** **Case Status** will change to “Closed.” EDBC does not need to be run when the only program is Wraparound. When Medi-Cal is attached to the Wraparound EDBC must be ran to discontinue the Medi-Cal and Wraparound must be withdrawn as stated above.  

- Closing the Medi-Cal portion of the case follows normal closing procedures for discontinuing cases.  
- When both Wraparound and Medi-Cal are terminated, verify Wraparound has been withdrawn and Medical has been discontinued.  
- When the case has been closed, follow the FCE closing case procedures.