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Owner: Dana James:
 21011004-Quality Assurance Coordinator
Policy Area: Wraparound (REACH, O'YEAH)-Care Cord.
References:

#016- Disenrollments

POLICY

The purpose of this policy is to provide guidelines and assistance to the Care Coordinator and youth/family with the potential reasons for Disenrollment, as well as Disenrollment procedures and expectations.

NOTE: This policy utilizes the term "Care Coordinator", which applies to Wraparound and REACH Care Coordinators and O-YEAH Transition Coordinators. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult. The term "Plan of Care" is used in this policy - which also applies to the Futures Plan.

PROCEDURE

A. Possible Reasons for Request for Disenrollment.

1. Program Completed- Substantial progress has been made towards the Needs and or level of programming not needed based on a Child & Family Team decision.
2. Services No Longer Desired- The family, or youth over the age of 14, decides they no longer desire enrollment in Wraparound Milwaukee.
3. Corrections- Youth is placed in Copper Lake, Lincoln Hills or Mendota. If youth is sentenced to adult prison.
4. Long-term Residential- When youth is placed in a residential long term and/or out of state.
5. Moved- if Wraparound Milwaukee is not on the court order and the youth and/or family move out of county.
6. Runaway/Missing- As of the date of disenrollment, the youth has been missing for 30 days or more.
7. Unable to Contact- If Wraparound Milwaukee is not on the court order and after due diligent attempts, the agency is unable to make contact with the youth and/or family for a minimum of 30 days as of the disenrollment date.
8. Medicaid Eligibility Ended- If Wraparound Milwaukee is not on the court order and youth no longer meets eligibility requirements for Medicaid.
9. Disenrolled to Adult Programming- A youth is enrolled in CARS, Family Care, or other adult disability programs.
10. Disenrolled to CCS- A youth is enrolled in CCS Programming.
11. Pre-enroll Only- Only to be used in the screening process to pay for services prior to enrollment.
12. Transfer to OYEAH- When a youths screening process is completed and approved to be enrolled in this program.
13. Transfer to CORE- When a youths screening process is completed and approved to be enrolled in this program.
14. Transfer to REACH-Ct Order- When Wraparound Milwaukee is added to a court order for a youth who has been enrolled in REACH prior to a court order having Wraparound Milwaukee.
15. Transfer to PFP- When a youths screening process is completed and approved to be transitioned.

For All Wraparound and REACH-Ct Order Enrollments – unless the youth is being disenrolled on runaway status or placed in corrections, the court order must either have expired or been vacated prior to the date of disenrollment.

Note: Utilizing a code that is a "Transfer To" does not disenroll the youth from the Wraparound Milwaukee HMO and **must** be used only when the youth has completed the screening process and been approved to be enrolled.

B. Guidelines for Disenrollment.

1. Disenrollment should be planned for during the entire Wraparound process. Youth meeting any of the above criteria should be scheduled for Disenrollment. To request that a Disenrollment be processed, the Care Coordinator must discuss the youth's/families progress with their Supervisor or Lead Worker and request that the Supervisor or Lead Worker attend the Disenrollment Plan of Care Meeting.
2. A Disenrollment Plan of Care (POC) Meeting must occur with the entire Child & Family Team the **month prior** to disenrollment. The Care Coordinator's Supervisor or Lead Worker must be present for the Disenrollment Plan of Care Meeting and must sign off on all documents including the POC Attendance Sheet. At this meeting, the Team must ensure that the youth/family is informed of all ongoing services and follow-up care needed, and is made aware of how to obtain these services (Reference the GUIDE TO WRITING A DISENROLLMENT PLAN OF CARE in Frequently Used Forms for additional information). For youth covered under Medicaid insurance, the Care Coordinator must explain the insurance changes that will occur and ensure that the youth/family is aware of the impact these changes may have on services available.
3. The Care Coordinator is responsible for notifying all Team members of the Disenrollment. This includes both paid providers and informal supports.
4. The Agency Supervisor or Lead Worker then enters date and reason for disenrollment in Synthesis no later than the 7th of the disenrollment month. The disenrollment date would be the final date of the month unless moved or other circumstances that have been discussed with Wraparound Milwaukee Manager overseeing disenrollments. If any changes after the 7th of the month occur, the Supervisor or Lead Worker needs to talk with the Wraparound Milwaukee Program Manager overseeing disenrollments as soon as possible.
5. During the final month of enrollment, the Care Coordinator completes the DISENROLLMENT CONFIRMATION FORM and the Program specific DISENROLLMENT PROGRESS REPORT (forms are found on Frequently Used Forms) with the youth/family, as well as the Transition Summary (*for all youth 16 and over*). Any ongoing services or follow up needed must be again reviewed with the youth/family and written on the Disenrollment Confirmation Form. A copy of the Disenrollment Confirmation Form is left with the youth/family. Evaluation forms should be completed at this time as well (*see Achenbach Assessment Administration Policy #026*).
6. After paperwork is completed with the youth/family, an agency representative uploads the paperwork to Synthesis:
 - Disenrollment Confirmation Form (signed by legal guardian, youth, Care Coordinator and Supervisor).
 - Disenrollment Progress Report.
 - Evaluation Tools completed within 30 days of disenrollment should be entered by Agency clerical staff.

Payment for the final month of care coordination will be released after submission of the completed signed Disenrollment Confirmation Form.

7. The youth/family may choose to appeal the decision to disenroll by submitting a Wraparound Milwaukee APPEAL FORM (*see Attachment*).

Attachments:

[1: Appeal Form](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	12/20/2017
	MaryJo Meyers: 11003003-Director Wraparound Program	12/20/2017
	Pamela Erdman: 12008005-Placement Resources Manager	12/19/2017
	Dana James: 21011004-Quality Assurance Coordinator	12/19/2017

COPY



Wraparound Milwaukee
APPEAL FORM

DATE: _____

TO: **Wraparound Milwaukee Director**

FROM: (Name) _____

(Address) _____

(Phone) _____

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Type of Appeal: _____ Referral / Enrollment
 _____ Disenrollment

Youth's Name _____

Reason for Appeal _____

Desired Outcome _____

Other Comments _____

Date(s) available for Hearing (if requested) _____

Return To
Director
Wraparound Milwaukee
9455 Watertown Plank Road
Milwaukee, WI 53226



Wraparound Milwaukee APPEAL FORM

DDJ – 6/11/04 – Appeal Form – Rev. 9/2/10, Rev, 12/19/17.