



Date Issued	9/1/1998	Owner	Dana James
Last Approved Date	8/29/2022	Policy Area	Wraparound (Wrap, REACH, youth CCS)-Care Cord.
Effective	9/1/2022		
Last Revised Date	8/29/2022		
Next Review	12/31/2024		

#016- Disenrollments

I. POLICY

The purpose of this Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) 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: The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.

II. 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 Out of County- if Wraparound Milwaukee is not on the court order and the youth and/or family move out of county.

Note: This includes youth who are out of county for a long period of time for visiting

- family, attending summer camp, etc. For the HMO this is greater than 30 days and for CCS this is greater than 90 days.
6. Runaway/Missing- As of the date of disenrollment and after the runaway/missing protocol process is followed, the youth has been missing for 30 days or more. For CCS, missing for 90 days or more.
 7. Unable to Contact- 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. For CCS, unable to contact for a minimum of 90 days.
 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 Community Access to Recovery Services (CARS), Aging and Disability Services, or other adult programs.
 10. Disenrolled to CCS- A youth is enrolled in CCS Programming. (**Wraparound and REACH ONLY**)
 11. Pre-enroll Only- Only to be used in the screening process to pay for services prior to enrollment.
 12. Functionally Not Eligible- If the Functional Screen is completed and it is determined that the youth is no longer functionally eligible for CCS. (**CCS ONLY**)
 13. Disenrolled to High Level of Care- A youth is enrolled in Wraparound or REACH Programming. (**CCS ONLY**)
 14. Other- If no other reason above is applicable (i.e. youth is deceased, long-term medical facility).

IF WRAPAROUND MILWAUKEE IS ON YOUTH'S COURT ORDER (Wraparound or REACH) – 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. If there is an extenuating circumstance, contact the assigned Program Manager.

B. Guidelines for Disenrollment for Wraparound and REACH

1. Disenrollment should be planned for during the entire 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.
2. A Disenrollment Team Meeting must occur with the Child & Family Team the **month prior** to disenrollment, for planned disenrollments or as soon as possible if unplanned. 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 SUMMARY 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 Care Coordinator completes a Disenrollment Summary in Synthesis and an Agency Supervisor or Lead Worker reviews to ensure that the documented transition plan is detailed. This needs to be completed and sent to Wraparound Milwaukee level between the 1st and 7th of the disenrollment month. The disenrollment date is at the end of the month. For extenuating circumstances, consult with assigned Program Manager.
5. During the final month of enrollment, the Care Coordinator completes the DISENROLLMENT CONFIRMATION FORM and the DISENROLLMENT PROGRESS REPORT (forms are found on Frequently Used Forms) with the youth/family. 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 Tools are to 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 parent/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.
7. Wraparound Milwaukee is notified that the Disenrollment Summary is completed. Wraparound Milwaukee Program Manager enters the Disenrollment Date in Synthesis and an Office Staff mails out a Disenrollment Letter, POC, Crisis Plan, and the Disenrollment Summary to the youth/family.

C. Guidelines for Disenrollment for CCS

1. Disenrollment should be planned for during the entire 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 Mental Health Professional (MHP).
2. A Disenrollment Team Meeting and the Disenrollment Summary must occur with the Child & Family Team the **month prior** for planned disenrollment or as soon as possible if unplanned. 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. For those transitioning to Adult CCS- the Disenrollment Summary is completed the month of the discharge.
3. The Care Coordinator is responsible for notifying all Team members of the Disenrollment. This includes both paid providers and informal supports.
4. The Care Coordinator must complete the Disenrollment Summary within Synthesis (Reference the *GUIDE TO WRITING A DISENROLLMENT SUMMARY* in Frequently Used Forms for additional information). This is reviewed and approved by the MHP. The

Disenrollment Summary must be fully completed and contain the signatures of: Youth, parent/legal guardian, Care Coordinator, and the MHP. The signed copy is uploaded under the Referral Tab in Synthesis.

5. During the final month of enrollment, the Care Coordinator completes the CCS DISENROLLMENT CONFIRMATION FORM (form is found on Frequently Used Forms) with the youth/family. Any ongoing services or follow up needed must be again reviewed with the youth/family and written on the CCS Disenrollment Confirmation Form. A copy of the CCS Disenrollment Confirmation Form is left with the youth/family.
 6. Wraparound Milwaukee is notified that the Disenrollment Summary is completed. Wraparound Milwaukee CCS Program Manager enters the Disenrollment Date in Synthesis and an Office Staff mails out a Disenrollment Letter, POC, Crisis Plan, and the Disenrollment Summary to the youth/family.
 7. During the final month of enrollment, the Care Coordinator review any ongoing services or follow up needed with the youth/family prior to disenrollment.
- D. 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: BHD Administrator	8/29/2022
	Brian McBride: ExDir2 – Program Administrator	8/29/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/29/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/29/2022



**MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES
CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE**

Appeal Form

Date: _____

To: Children's Community Mental Health Services and Wraparound Milwaukee Director

From:

(Name) _____
(Address) _____

(Phone) _____

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**

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9455 Watertown Plank Rd
Milwaukee, WI 53226
Or
wrapqa@milwaukeecountywi.gov