WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 12/6/10 By: CP Last Revision: 12/7/10	Section: ADMINISTRATION	Policy No: 016	Pages: 1 of 2 (3 Attachments)
☒ Wraparound ☒ Wraparound-REACH ☐ FISS ☐ Project O-Yeah	Effective Date: 1/1/11	Subject: DISENROLLMENTS			

I. POLICY

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

II. PROCEDURE

A. Possible Reasons for Request for Disenrollment.

1. Youth/family has made substantial progress towards meeting their needs and vision.
2. Youth/family moved out of county.
3. Youth/family no longer desire Wraparound services.
4. Youth missing more than 30 days. (*These youth should be scheduled for disenrollment, if they will be missing more than 15 days by the beginning of the month.*)
5. Placed in corrections.
6. Other (*explain*).

For All Wraparound Enrollments – unless the youth is being disenrolled on runaway status or placed in corrections, the court order must either have expired or been vacated.

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. 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 family is informed of all ongoing services and follow-up care needed, and is made aware of how to obtain these services. For families covered under Medicaid insurance, the Care Coordinator must explain the insurance changes that will occur and ensure that the family is aware of the impact these changes may have on services available.

2. The Care Coordinator is responsible for notifying all Team members of the Disenrollment. This includes both paid providers and informal supports.

3. To request that a Disenrollment be processed, the Care Coordinator must discuss the youth/family progress with their Supervisor or Lead Worker and request that the Supervisor or Lead Worker attend the Disenrollment Plan of Care Meeting. The Agency Supervisor or Lead Worker then enters the Disenrollment Date on the Referrals tab in Synthesis. To ensure timely notification to Medicaid of the upcoming disenrollment date, **this date needs to be entered prior to the 10th of the disenrollment month.**

4. During the final visit with the youth/family, the Care Coordinator has them complete the DISENROLLMENT CONFIRMATION FORM (*see Attachment 1)* and DISENROLLMENT PROGRESS REPORT (*see Attachment 2*). Any ongoing services or follow up needed must be again reviewed with the family and written on the Disenrollment Confirmation Form. A copy of the Disenrollment Confirmation Form is left with the family.

5. After the final visit with the family, the Care Coordinator submits all Disenrollment paperwork to Wraparound Milwaukee:
   - Disenrollment Confirmation Form (signed by parent, youth, Care Coordinator and Supervisor)
   - Disenrollment Progress Report
   - Evaluation Tools

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

6. The family may choose to appeal the decision by submitting a Wraparound Milwaukee APPEAL FORM (*see Attachment 3).*

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

WRAPAROUND MILWAUKEE
Disenrollments Policy
Attachment 1

WRAPAROUND MILWAUKEE / REACH

DISENROLLMENT CONFIRMATION

Enrollee Name: _____ DOB: _____

Name of Parent or Guardian _____ Disenrollment Date _____

Care Coordination Agency _____

I understand that I am being disenrolled from Wraparound Milwaukee / REACH on the date listed above. I am aware that my enrollment in the Wraparound HMO will also expire on that date. I am aware that care coordination services will no longer be provided as of my disenrollment date, and that Wraparound Milwaukee / REACH will no longer be the payor source for behavioral health or alcohol- or drug-related services after my disenrollment date.

If I was covered by Title 19 prior to my enrollment in Wraparound Milwaukee / REACH, I understand that I will be re-enrolled in the Title 19 program in which I was previously enrolled (HMO or straight T19). I understand that payments for any continuing behavioral health and alcohol- or drug-related services will be paid for through that T19 program. My care coordinator has worked with me to ensure that any current service providers are aware of this change.

I have received a copy of my final Plan of Care and the Community Resource Guide.

_____ _____ _____ _____
(Youth Signature) (Date) (Parent/Guardian Signature) (Date)

CONTINUING SERVICES: (list person/agency name, contact information including phone number and appointment dates, if any):

_____
_____
_____

RESOURCES FOR FAMILIES:

Families United, Inc. ……..... 344-7777
Mobile Urgent Treatment Team…… 257-7621
Badger Care (T19 enrollment)…….. 800-362-3002
IMPACT (Resource & Referral)…… 211

Youth Council ……358-4120
Adult Crisis Services…….. 257-7222
Project O'YEAH …….. 257-7158

_____ _____

TO BE COMPLETED BY THE CARE COORDINATOR SUPERVISOR

Reason for Disenrollment:

____ Youth/family have made progress toward meeting Needs and Vision.
____ Youth/family moved out of county.
____ Youth/family no longer desire Wraparound services.
____ Youth missing more than 30 days.
____ Youth placed in corrections.
____ Court order for enrollment has expired or been vacated (Wraparound only)
____ Other (explain):_____

Level of Progress Made:
____ Substantial
____ Some
____ Needs Not Met

Wraparound only (REQUIRED unless youth disenrolled on runaway status or to corrections):
_____ Court order has expired
_____ Court order has been revised

_____ _____ _____ _____
(Care Coordinator Signature) (Date) (Supervisor/Lead Signature) (Date)

Disenrollment Reviewed and Approved by:

_____ _____
Program Staff Date

WRAPAROUND MILWAUKEE
Disenrollments Policy
Attachment 2

Wraparound/REACH
Disenrollment Progress Report

Youth's Name:_____ DOB:_____

Care Coordinator:_____ Agency:_____

You are now getting ready to leave the Wraparound or the REACH program. We would like to know what kind of progress you feel you and your child have made.

Parent / Guardian Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Doesn't Apply
1. I feel my family has made significant progress in meeting the Family Vision we have been working towards.	1	2	3	4	5	N/A
2. I feel my child's educational needs have been met.	1	2	3	4	5	n/a
3. Overall, I feel that Wraparound/REACH helped me be more able to handle challenging situations.	1	2	3	4	5	n/a
4. I feel that I have family, friends and community resources that will be there for me and my family if we need them.	1	2	3	4	5	n/a
5. If my family does have a crisis, I believe the final Crisis Plan my Team developed will help us.	1	2	3	4	5	n/a
6. After disenrollment I will know how to get services and supports that my family may still need.	1	2	3	4	5	n/a

On a scale of 1-5 (1 being very poor, 5 being very good):

How do you feel your family was doing when first enrolled? (circle one)	1	2	3	4	5
How do you feel your family is doing now?	1	2	3	4	5

Youth Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Doesn't Apply
1. I feel that I'm doing better in school than I was before	1	2	3	4	5	n/a
2. I feel like I'm getting along better with my family than I did before.	1	2	3	4	5	n/a
3. I feel like I'm getting along better with my friends than I did before.	1	2	3	4	5	n/a
4. I feel my behavior is better since I was enrolled.	1	2	3	4	5	n/a

On a scale of 1-5 (1 being very poor, 5 being very good):

How do you feel you were doing when you first enrolled? (circle one)	1	2	3	4	5
How do you feel you are doing now?	1	2	3	4	5

Caregiver Signature: _____ Date: _____

Youth Signature: _____ Date: _____

WRAPAROUND MILWAUKEE
Disenrollments Policy
Attachment 2a

Wraparound/REACH
Reporte de Progreso Desinincripcion

Nombre del Joven:_____ Fecha de Nacmiento_____

Coordinador del cuidado_____ Agencia:_____

Ahora usted se esta preparando para dejar el programa Wraparound o el REACH. Queremos saber que clase de progreso usted siente que usted y su hijo(a) han hecho.

Preguntas del Padre / Guardian	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No aplica a mi persona
1. Siento que mi familia ha hecho un progreso significativo al cumplir la Vision Familiar por la cual hemos estado trabajando.	1	2	3	4	**5**	N/A
2. Las necesidades educacionales de mi hijo han sido cumplidas.	1	2	3	4	5	n/a
3. En conjunto, siento que Wraparound ayudo a facultar a mi familia para manejar situaciones dificiles.	1	2	3	4	5	n/a
4. Siento que tengo familia, amigos y recursos de la comunidad que estaran disponoibles para mi y mi familia si lo llegaremos a necesitar.	1	2	3	4	5	n/a
5. Si mi familia tiene una crisis, creo que el plan final de crisis que el Equipo diseno nos ayudara.	1	2	3	4	5	n/a
6. Despues de darle de baja del programa, yo sabre como buscar servicios y ayuda que mi familia pueda necesitar.	1	2	3	4	5	n/a

En una escala del 1-5 (1 siendo muy mal, 5 siendo muy bien):

¿Como usted siente que su familia estaba cuando primero se matricularon? (circule uno)	1	2	3	4	5
¿Como usted cree que su familia eseta ahora? (circule uno)	1	2	3	4	5

Preguntas al Joven	Totalmente de acuerdo	De acuerdo	Neutral	En desacuerdo	Totalmente en desacuerdo	No aplica a mi persona
1. Siento que estoy haciendo mejor en la escuela ahora que antes.	1	2	3	4	5	n/a
2. Siento que me estoy llevando mejor con mi familia ahora que antes.	1	2	3	4	5	n/a
3. Siento que me estoy llevando mejor con mis amigos ahora que antes.	1	2	3	4	5	n/a
4. Siento que mi comportamiento ha mejorado desde que me matricule en el programa.	1	2	3	4	5	n/a

En una escala del 1-5 (1 siendo muy mal, 5 siendo muy bien):

¿Como usted se sentia cuando primero se matriculo? (circule uno)	1	2	3	4	5
¿Como se siente ahora?(circule uno)	1	2	3	4	5

Firma del Encargado:: _____ Date: _____

Firma del Joven:: _____ Date: _____

WRAPAROUND MILWAUKEE

APPEAL FORM

DATE: _____

TO: **Wraparound Milwaukee Clinical Coordinator**

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
Enrollment Coordinator
Wraparound Milwaukee
9201 Watertown Plank Road
Milwaukee, WI 53226