MILWAUKEE COUNTY Behavioral Health Division

Date Issued:	*9/1/1998*
Effective:	*6/30/2020*
Last Approved Date:	*6/30/2020*
Last Revised Date:	*6/30/2020*
Next Review:	*6/30/2023*
Owner:	*Dana James: Consultant*
Policy Area:	*Wraparound (Wrap, REACH, youth CCS)-Care Cord.*
References:	

#016- Disenrollments

I. POLICY

The purpose of this Children's Community Mental Health Services and 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.
6. Runaway/Missing- As of the date of disenrollment, the youth has been missing for 30 days or more. For CCS, missing for 90 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. 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), Family Care, or other adult disability 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.

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 Plan of Care (POC) 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 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 Children's Community Mental Health Services and 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 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. 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.

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 Meeting and the Discharge Summary must occur with the Child & Family Team the **month prior** to disenrollment 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 Discharge 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 Discharge Summary within Synthesis (*Reference the GUIDE TO WRITING A CCS DISCHARGE SUMMARY in Frequently Used Forms for additional information*). This is reviewed and approved by the MHP. The Discharge Summary must be fully completed and contain the signatures of: Youth, parent/guardian, Care Coordinator, and the MHP. The signed copy is uploaded under the Referral Tab in Synthesis.
5. Children's Community Mental Health Services and Wraparound Milwaukee is notified that the Discharge Summary is completed. Children's Community Mental Health Services and 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 Discharge Summary to the youth/family.
6. 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 Children's Community Mental Health Services and Wraparound Milwaukee APPEAL FORM (*see Attachment).*

Attachments

1: Appeal Form

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	6/30/2020
	Brian McBride: ExDir2 – Program Administrator	6/30/2020
	Dana James: Consultant	6/30/2020
	Dana James: Consultant	6/30/2020

Milwaukee County DHHS-BHD
Children's Community Mental Health Services and Wraparound Milwaukee

APPEAL FORM

DATE: _____ YOUTH'S NAME: _____

FROM: *(Name)*_____ Phone Number: _____

*(Address)*_____

Type of Appeal: _____Referral / Enrollment _____Disenrollment

Reason for Appeal: _____

_____

_____

Desired Outcome: _____

_____

Other Comments: _____

_____

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

Return To
Director
Children's Community Mental Health Services and Wraparound Milwaukee
9455 Watertown Plank Road
Milwaukee, WI 53226

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

Español (Spanish) - ATENCIÓN: Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

Hmoob (Hmong) - CEEB TOOM: Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

ျမန္မာ (Myanmar)(Burmese) - အထူးသတိျပဳရန္ - အကယ္၍ ျမန္မာဘာသာစကားကို သင္ေျပာဆိုႏိုင္ပါက ဘာသာစကားဆိုင္ရာ ဝန္ေဆာင္မႈမ်ားကို အခမဲ့ သင္ ရရွိႏိုင္ပါသည္။ သင့္ ေစာင့္ေရွာက္မႈ ဆက္စပ္ေဆာင္ရြက္ေပးသူထံသို႔ တိုက္ရိုက္ ဖုန္းေခၚဆိုပါ သို႔မဟုတ္လည္း 1-833-912-2468 (TTY: 711) သို႔ ေခၚဆိုပါ