

	Date Issued: 9/1/98	Date Revised: 10/27/08	Section: ADMINISTRATION	Policy No: 016	Pages: 1 of 2 (5 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input type="checkbox"/> FISS	Effective Date: 1/1/09	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 and needs have been met.
2. Youth/family have made progress; some needs remain. Continuing services have been arranged.
3. Youth/family moved out of county.
4. Youth/family no longer desire Wraparound services.
5. 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.)*
6. Placed in corrections.
7. Other *(explain)*.

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8. Order expired; youth facing new charges.
9. Order expired; needs have not been met.

B. Guidelines for Disenrollment.

Under # 1 through 7 Wraparound youth must also meet one of the following criteria: 1) Order has expired or 2) Order has been revised.

1. Disenrollment should be planned for during the entire wraparound process. Youth meeting any of the above criteria must be scheduled for Disenrollment. A Disenrollment Plan of Care Meeting must occur with the entire Child & Family Team. As that final Plan of Care Meeting, the DISENROLLMENT DOCUMENTATION Form (*see Attachment 1 for Wraparound and Attachment 2 for REACH*) must be completed and signed by the youth and guardian. The DISENROLLMENT SURVEYS (*see Attachments 3 and 4*) must also be completed. The Care Coordinator's Supervisor or Lead Worker must be present for the Disenrollment Plan of Care Meeting and must sign off on all necessary documents including the POC Attendance Sheet.
2. To request that a Disenrollment be processed, the Care Coordinator must submit that youth's name to their Supervisor **no later than** the last week of the month preceding Disenrollment. The Agency Supervisor must enter the youth names and dates in Synthesis under the Forms Tab in "WRIT Scheduling Request" (for the following month) **by the last Friday of the month**.
3. Disenrollment Reviews will be scheduled for the first Friday of the month. The schedule will be available to all Care Coordinators via Synthesis.
4. Disenrollment Reviews will be facilitated by two Care Coordination Supervisors/Leads each month. Care Coordinators must attend all Disenrollment Reviews with their individual Supervisors/Leads and must be prepared to review each youth/family from a strength-based wraparound philosophy. The Care Coordinator must submit the SIGNED and COMPLETED Disenrollment Form, Disenrollment Questionnaire and Evaluation Tools to Wraparound Milwaukee during the Disenrollment Review.

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Disenrollment Policy

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5. Disenrollment reasons/progress must be reflective of the Child & Family Team progress toward meeting needs identified on the Plan of Care.

No Disenrollment will be processed without Youth/Parent/Guardian Signatures. If a Disenrollment is not able to be scheduled because the Care Coordinator has not obtained the required signatures, care coordination fees for any additional months of enrollment will not be paid.

6. After all Disenrollment materials have been received, a Confirmation Letter will be sent to the family. The Care Coordinator will be responsible for notifying all formal and informal Team members of the Disenrollment.
7. The family may choose to appeal the decision by submitting a Wraparound Milwaukee APPEAL FORM (*see Attachment 5*).

Reviewed & Approved by: _____



Bruce Kamradt, Director

WRAPAROUND MILWAUKEE
DISENROLLMENT DOCUMENTATION

Name of Child _____ Date of Court Order Expiration _____

Name of Parent or Guardian _____ Social Security Number _____

Requested Date of Disenrollment _____

Date of Disenrollment Plan of Care Meeting _____ DOB _____

Signatures of Team Members Present at the Disenrollment Team Meeting:

Team Member Signatures

_____	_____	_____
Youth	Team Member	Role
_____	_____	_____
Parent/Guardian	Team Member	Role
_____	_____	_____
Care Coordinator	Team Member	Role
_____	_____	_____
Supervisor	Team Member	Role

Note: If unable to obtain parent/guardian and/or youth signatures at disenrollment plan of care, please indicate reason and attach progress notes from previous month and certified mail receipts.

Placement at Time of Disenrollment _____

Reason for Disenrollment:

- Youth/family have made substantial progress and needs have been met. Order is expired or has been revised.
- Youth/family have made progress, some needs remain. Continuing services have been arranged. Order expired or has been revised.
- Youth/family moved out of county. Order has been revised.
Level of Progress Made: _____Substantial _____Some _____Needs Not Met
- Youth/family no longer desire Wraparound services. Order has been revised.
Level of Progress Made: _____Substantial _____Some _____Needs Not Met
- Youth missing more than 30 days.
- Placed in corrections.
- Order expired; youth facing new charges.
- Order expired; needs have not been met.
- Other (explain): _____
Level of Progress Made: _____Substantial _____Some _____Needs Not Met

Disenrollment Reviewed and Approved by:

_____ Date

_____ Date

(For EDS Use Only)

Disenrollment is: Approved Effective Date of Disenrollment _____

Denied Reason for Denial _____



Wraparound Milwaukee – REACH Program
DISENROLLMENT DOCUMENTATION

Name of Child _____

Name of Parent or Guardian _____ Social Security Number _____

Requested Date of Disenrollment _____

Date of Disenrollment Plan of Care Meeting _____ DOB _____

Signatures of Team Members Present at the Disenrollment Team Meeting:

Team Member Signatures

_____	_____	_____
Youth	Team Member	Role
_____	_____	_____
Parent/Guardian	Team Member	Role
_____	_____	_____
Care Coordinator	Team Member	Role
_____	_____	_____
Supervisor	Team Member	Role

Note: If unable to obtain parent/guardian and/or youth signatures at disenrollment plan of care, please indicate reason and attach progress notes from previous month and certified mail receipts.

Reason for Disenrollment:

- Youth/family have made substantial progress and needs have been met.
- Youth/family have made progress, some needs remain. Continuing services have been arranged.
- Youth's Medicaid eligibility changes.
Level of Progress Made: ___ Substantial ___ Some ___ Needs Not Met
- Youth/family moved out of county.
Level of Progress Made: ___ Substantial ___ Some ___ Needs Not Met
- Youth/family no longer desire Wraparound services.
Level of Progress Made: ___ Substantial ___ Some ___ Needs Not Met
- Family/Youth missing more than 30 days
- Other (explain): _____
Level of Progress Made: ___ Substantial ___ Some ___ Needs Not Met

Disenrollment Reviewed and Approved by:

 _____ Date
 _____ Date

Disenrollment is: Approved Denied

(For EDS Use Only)
 Effective Date of Disenrollment _____
 Reason for Denial _____



Wraparound/REACH Disenrollment Youth Survey



Youths Name: _____ DOB: _____
 Care Coordinators Name: _____ Care Coord. Agency _____

You are now getting ready to leave the Wraparound or the REACH program. We would like to know how we did! Please circle the letter of the answer that best tells us how you feel.



Satisfaction

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does not apply to me
1. I liked my Care Coordinator	A	B	C	D	F	X
2. I liked the services I received	A	B	C	D	F	X



Respect

	A	B	C	D	F	X
3. Wraparound was sensitive to my cultural, ethnic and religious needs	A	B	C	D	F	X
4. I feel I was treated with respect while enrolled in Wraparound	A	B	C	D	F	X



School/Family/Community

	A	B	C	D	F	X
5. I am doing better in school that I did before	A	B	C	D	F	X
6. I am getting along better with my family than I did before	A	B	C	D	F	X
7. I feel my behavior has gotten better since I was enrolled in Wraparound	A	B	C	D	F	X
8. I would recommend this program to a friend	YES			NO		

On a scale of 1-10 (1 being very poor, 10 being very good), rate how you feel your family was doing when you first enrolled in Wraparound: (circle one) 1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (1 being very poor, 10 being very good), rate how you feel your family is doing now: (circle one) 1 2 3 4 5 6 7 8 9 10

Signature of person completing this survey: _____ Date: _____



In thanks for filling out this survey, we would like to enter your name into a drawing for a \$25.00 Pick-N-Save gift certificate! Please fill out your name and address below if you would like to be entered into the drawing.

Name:(please print) _____

Address: _____

☺ Thanks for your help! ☺



Wraparound/REACH Disenrollment Family Survey



Youths Name: _____ DOB: _____
 Care Coordinators Name: _____ Care Coord. Agency _____

You are now getting ready to leave the Wraparound or the REACH program. We would like to know how we did! Please circle the letter of the answer that best tells us how you feel.



Satisfaction

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does not apply to me
1. I feel my family has made significant progress in meeting the Family Vision we have been working towards	A	B	C	D	F	X
2. My child's educational need have been met	A	B	C	D	F	X
3. Overall, I feel that Wraparound helped me empower my family to handle challenging situations	A	B	C	D	F	X



Respect

	A	B	C	D	F	X
4. I feel Wraparound has been sensitive to my cultural, ethnic and religious needs	A	B	C	D	F	X
5. I feel my family and I were treated with respect while enrolled in Wraparound	A	B	C	D	F	X



Care/Services

	A	B	C	D	F	X
6. After disenrollment from Wraparound I will know how to get services and supports that my family may still need	A	B	C	D	F	X
7. If my family does have a crisis, I believe the final Crisis Plan my Team developed will help us	A	B	C	D	F	X
8. Overall, I believe the care provided to me and my family was helpful	A	B	C	D	F	X

9. I would recommend this program to a friend	YES	NO
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On a scale of 1-10 (1 being very poor, 10 being very good), rate how you feel your family was doing when you first enrolled in Wraparound: (circle one) 1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (1 being very poor, 10 being very good), rate how you feel your family is doing now: (circle one) 1 2 3 4 5 6 7 8 9 10

Signature of person completing this survey: _____

Relationship to Youth: _____ Date: _____



In appreciation for filling out this survey, we would like to enter your name into a drawing for a \$25.00 Pick-N-Save gift certificate! Please fill out your name and address below if you would like to be entered into the drawing.

Name: (please print) _____

Address: _____

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

Diane Thompson
Wraparound Milwaukee
9201 Watertown Plank Road
Milwaukee, WI 53226