

SCSL Digital Collections

Chapter 7 - Disenrollments

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CHAPTER 7

Disenrollments

It will be necessary to disenroll participants from the Community Supports Waiver for various reasons. Regardless of the reason for disenrollment, the *Notice of Disenrollment* must be completed **within two (2) working days**. The WCM must update the participant's Support Plan to reflect that the participant is disenrolling from the waiver. The *Notice of Disenrollment* must be reviewed and signed by a Supervisor. Once completed, the *Notice of Disenrollment* and the *Process for Reconsideration of SCDHHS Decisions* must be sent to the participant and/or legal guardian, the Waiver Enrollment Coordinator and the DHHS Liaison Center. The form must be maintained in the participant's record.

Send Disenrollment forms via SCOMM to:

Annie Moss or Pam Alewine
 Waiver Enrollments Coordinator, DDSN
 Email: amoss@ddsn.sc.gov
 Email: palewine@ddsn.sc.gov

AND

DHHS Liaison Center

8888201204@fax.scdhhs.gov

Medicaid policy requires participants be given written notice regarding Community Supports Waiver disenrollment and a ten (10) calendar day waiting period, for allowance of reconsideration, before proceeding with the disenrollment, except in the conditions noted below.

The following reasons **do not require** a ten (10) day notice before proceeding with disenrollment:

- Loss of Medicaid eligibility,
- Death,
- Participant moves out of state,
- Participant is admitted to an ICF/IID,
- Participant is admitted to a Nursing Facility,
- Participant has been in a hospital/nursing facility/jail in excess of thirty (30) consecutive days
- Participant enrolls into another waiver
- Participant's cost limit has been reached.

When completing the *Notice of Disenrollment*, the WCM must note the reason for the disenrollment. Disenrollment may occur because:

- **Death.** The effective date of disenrollment will be the day the participant died.

Death Reporting

When a participant enrolled in the waiver dies, the WCM must report the death to DDSN using the Death Reporting function in the Incident Management System (DDSN Portal) within 24 hours of being notified except in the following situations:

- The person was living in a residential program operated or contracted for operation by DDSN.
- The person's death occurred at a DDSN Regional Center or provider location (e.g., day program) or while under the supervision of a DDSN Regional Center or board/provider staff person (e.g., respite, employment).

In all other situations, the Waiver Case Manager is required to complete the death report. See DDSN Directive 505-02-55 for additional information regarding completion of the required death report.

- **Participant is no longer eligible for Medicaid as determined by SCDHHS/Eligibility.** The effective date of disenrollment will be the day before the participant's Medicaid eligibility ended.
- **Two services have not been received in the sixty (60) calendar days since enrollment** (complete the form on the 60th day). The effective date of disenrollment will be seventy (70) calendar days from the participant's enrollment date or if the form is being completed late, the effective date of disenrollment will be ten (10) calendar days from the date that the *Notice of Disenrollment* is completed.
- **Two services have not been received for a full calendar month.** This indicates the participant has not received two services funded through the waiver for a full calendar month. On the *Notice of Disenrollment*, indicate the service or services not received during the full calendar month and the last date a service was received. The effective date of disenrollment will be the last day of the month following the month when the last waiver service was received. The *Notice of Disenrollment* must be completed ten days prior to the last day of the month to allow for a ten-day notice.

If the form is completed late, the effective date of disenrollment will be ten (10) calendar days from the date that the *Notice of Disenrollment* is completed. If the participant is able to receive two services prior to the tenth (10th) day, the disenrollment can be disregarded and the participant can remain enrolled. However, the WCM must notify the Waiver Enrollments Coordinator in writing via e-mail or SCOMM that the participant has received a service prior to the tenth (10th) day and the disenrollment can be disregarded. The WCM must receive verification from the Waiver Enrollments Coordinator to ensure that the *Notice of Disenrollment* has not been processed.

*Example: If two waiver services were received in March and two waiver services aren't received in April, the Waiver Case Manager will complete the **Notice of Disenrollment** on April 20 to allow for a ten day notice. If two waiver services aren't received prior to April 30th, the participant will be terminated effective April 30th. If two waiver services **are** received before April 30th, the Waiver Case Manager will notify the Waiver Enrollments Coordinator to disregard the disenrollment. The Waiver Case Manager will also receive verification that the disenrollment has not been processed.*

- **If the participant is voluntarily withdrawing or no longer wishes to receive services funded by the waiver,** the *Notice of Disenrollment* and the **Voluntary Termination Statement** must be completed. A copy of the **Voluntary Termination Statement** must be submitted to the Waiver Coordinator when the *Notice of Disenrollment* is sent to the Waiver Enrollments Coordinator. A copy should be provided to the participant and the original placed in the participant's file. The effective date of disenrollment will be ten (10) calendar days from the date the participant notifies the WCM they wish to voluntary withdraw from the waiver.

- **Participant was admitted to an ICF/IID.** The effective date of disenrollment will be the day before admission.
- **Participant was admitted to a Nursing Facility.** The effective date of disenrollment will be the day before admission.

If the participant is enrolling in another HCB waiver, the participant must disenroll from the Community Supports Waiver first. To avoid a break in service, the Waiver Enrollments Coordinator will verify with the WCM when the participant is ready to disenroll from the CSW and enroll into the selected waiver. Negotiate an acceptable enrollment date to allow for proper completion of all enrollment requirements.

- **Participant no longer meets ICF/IID Level of Care** (See Chapter 5 for information about ICF/IID LOC). The effective date of disenrollment will be ten (10) calendar days after the date the participant was found to no longer meet ICF/IID Level of Care.
- **Participant moved out of state.** The effective date of disenrollment will be the date the WCM is notified that the participant has moved out of state and is no longer receiving services.

Temporary Out of State Travel

Waiver participants may travel out of state and retain a waiver slot under the following conditions:

- the trip is planned and will not exceed 90 consecutive days;
- the participant **continues to receive waiver services** consistent with SCDDSN policy;
- the waiver service received is provided by a South Carolina Medicaid provider;
- South Carolina Medicaid eligibility is maintained.

During travel, waiver services will be limited to the frequency of service currently approved in the participant's plan. Services must be monitored according to SCDDSN policy.

The parameters of this policy are established by SCDHHS for all HCB Waiver participants

The *Notice of Disenrollment* also includes a reason of "Other". This reason should rarely be used and should not be used without first consulting with a Waiver Enrollment Coordinator.

The following three special exceptions apply to disenrollment and allow a participant to disenroll from the Waiver, but retain their Waiver slot for up to ninety (90) calendar days:

1. **A participant's Medicaid eligibility has been interrupted,** but Medicaid eligibility should be reinstated within ninety (90) calendar days; therefore, the participant will be disenrolled, but will remain in pending status for ninety (90) calendar days to allow for Medicaid Eligibility to be reinstated; therefore, retaining the slot. The effective date of disenrollment will be the day before the participant became Medicaid ineligible.
 - **If Medicaid eligibility is not reinstated** within ninety (90) calendar days, the participant will be removed from pending status and the slot will be revoked.

- **If Medicaid is reinstated** within ninety (90) calendar days the participant may be enrolled without reapplying for a waiver slot. The WCM must notify the Waiver Enrollments Coordinator that the participant has regained Medicaid Eligibility and is ready to be enrolled. The WCM will be responsible for completing a new Freedom of Choice form and a new initial request for Level of Care evaluation. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to DHHS.
2. **A participant has not received two waiver services for a full calendar month due to provider non-availability or participant's injury/illness. If a participant has an illness or injury** that prevents them from receiving two Waiver services for a full calendar month, they must be disenrolled from the Waiver with ten (10) calendar day notice, but they can remain in pending status for 90 calendar days to allow for recuperation. For example, a participant is only receiving day activity and Waiver Case Management through the Waiver and he/she injures himself. The injury prevents him from attending the day program and receiving day activity and no other Waiver services are needed.
- **If a provider has not been located** or the participant is not ready to resume services within ninety (90) calendar days, the participant will be removed from pending status and the slot will be revoked.
 - **If a provider is located** or the participant is ready to resume services within ninety (90) calendar days, the participant may be enrolled without reapplying for a waiver slot. The WCM must notify the Waiver Enrollments Coordinator that the participant is ready to re-enroll. The WCM will be responsible for completing a new Freedom of Choice form again along with completing a new initial request for Level of Care evaluation to the SCDDSN Eligibility Division. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to SCDHHS if needed.
3. **A participant has entered the hospital/nursing facility/jail for an extended period of time that has exceeded a full calendar month;** however, the participant will still require Waiver services when released from the hospital/nursing facility/jail. Therefore, the participant will be disenrolled, but will remain in pending status for ninety (90) calendar days; thereby, retaining the slot. The effective date of disenrollment will be thirty (30) calendar days following the participant's last date of service.
- **If the participant has not been released from the hospital/nursing facility/jail** within ninety (90) calendar days, the participant will be removed from pending status and the slot will be revoked.
 - **If the participant is discharged from the hospital/nursing facility/jail** within ninety (90) calendar days, the participant may be enrolled without reapplying for a waiver slot. The WCM must notify the Waiver Enrollments Coordinator that the participant is ready to be re-enrolled. The WCM will be responsible for completing a new Freedom of Choice form and a new initial request for Level of Care evaluation. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to the SCDHHS.

If the ***Notice of Disenrollment*** is not completed in 2 business days and forwarded to the Waiver Enrollments Coordinator, the provider **may be** responsible for payment of state plan or direct billed services. If the ***Notice of Disenrollment*** is completed more than 2 business days after the disenrollment date, the WCM must include the reason for delay. Often times the reason is legitimate (i.e. participant dies and family does not contact the WCM immediately); however, the reason **MUST** be noted on the ***Notice of Disenrollment***. SCDHHS requires this

information from SCDDSN. If it is not included, the WCM will be contacted for this information and disenrollment will be delayed.

The following special exception allows a participant to disenroll from the Waiver, but retain their Waiver slot until the next funded year:

The participant has reached the cost limit. If the participant has reached the Community Supports Waiver Participant cost limit, no further services will be provided. The waiver slot will be placed in “pending” status and the participant will be disenrolled. The disenrollment effective date will be the last day services were rendered. The WCM will complete a *Notice of Disenrollment* and forward a copy to the Waiver Enrollments Coordinator.

Regardless of the reason for disenrollment, it is the responsibility of the WCM to check the Waiver Enrollment Module to ensure that the participant has indeed been disenrolled within two days of submission of the *Notice of Disenrollment*. If the WCM discovers the participant continues to be enrolled, contact the Waiver Enrollments Coordinator immediately to ensure that the *Notice of Disenrollment* was received.