

CHAPTER
7

DISENROLLMENTS

It will be necessary to disenroll participants from the ID/RD 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 and all waiver service authorizations must be terminated. The *Notice of Disenrollment* must be reviewed and signed by a Case Manager supervisor. Once completed, the *Notice of Disenrollment* and the *Process for Reconsideration of SCDHHS Decisions* must be sent to:

- Participant/Legal Guardian
- DDSN Waiver Enrollment Coordinators (Annie Moss or Pam Alewine) via SCOMM in Therap.
- DHHS Liaison Center, Email: 8888201204@fax.scdhhs.gov

The *Notice of Disenrollment* and *Process for Reconsideration of SCDHHS Decisions* form must be maintained in the participant’s record.

In some instances, Medicaid policy requires participants be given written notice regarding ID/RD Waiver disenrollment and a ten (10) calendar day waiting period, for allowance of reconsideration, before proceeding with the disenrollment. See the chart below for a list of reasons which do and do not require a ten (10) day notice:

The following reasons <u>do require</u> a ten (10) day notice before proceeding with disenrollment:	The following reasons <u>do not require</u> a ten (10) day notice before proceeding with disenrollment:
<ul style="list-style-type: none"> • Two waiver services have not been received within sixty (60) calendar days of enrollment. • Two waiver services have not been received for a full calendar month. • The participant no longer meets ICF/IID LOC. 	<ul style="list-style-type: none"> • Loss of Medicaid eligibility • Death • Participant moved out of state. • Participant is admitted to an ICF/IID. • Participant is admitted to a Psychiatric Residential Treatment Facility (PRTF) or Psychiatric Residential Treatment Center (PRTC). • Participant is admitted to a Nursing Facility. • Participant has been in a hospital, nursing facility (i.e.,rehab., not admitted), or jail for thirty (30) consecutive days. • Participant is enrolling into another waiver. • Voluntary Termination

Residential Leave Days Exception

The following exception applies to participants receiving residential habilitation services. Residential providers are permitted to bill up to 73 days of “leave” per plan year. In this situation, “on leave” refers to time spent away from the residence while still admitted to the program. Examples of leave reasons would include hospitalization, vacation and/or time spent with family and friends outside of the residential program. When a Waiver participant is “on leave” from the residential program, authorizations for Residential Habilitation services must remain active. During leave time, Residential Habilitation service authorizations must not be ended.

When completing the *Notice of Disenrollment*, the WCM must select one of the following reasons for disenrollment:

- **Death.** The effective date of disenrollment will be the day the participant died. The plan must be updated and all waiver service authorizations ended.

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.

Once the death report is complete, the WCM must close the person on the CDSS.

- **The participant moved out of state.** The effective date of disenrollment will be the date the WCM is notified that the participant moved out of state and is no longer receiving services. The plan must be updated and all waiver service authorizations ended. The case should be closed.

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 a waiver service** 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 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 sent to the Waiver Enrollments Coordinator. The effective date of disenrollment will be the date the *Notice of Disenrollment* is completed, and the participant notifies the WCM they wish to voluntarily withdraw from the waiver. The plan must be updated, and all waiver service authorizations ended.
- **The 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 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. The plan must be updated, and all waiver service authorizations ended.
- **The participant has been admitted to an institution [ICF/IID, Nursing Facility, Psychiatric Residential Treatment Facility (PRTF) or Psychiatric Residential Treatment Center (PRTC)].** The effective date of disenrollment will be the day before admission. The plan must be updated, and all waiver service authorizations ended.
- **The participant has been in a Nursing Facility (Nursing Facility short-term for rehabilitation/not admitted), a hospital or incarcerated for 30 consecutive days.** The effective date of disenrollment will be on the 31st consecutive day of entering a Nursing Facility, hospital, or jail. The plan must be updated, and all waiver service authorizations ended.

- If a person is admitted to the hospital, all waiver service authorizations must be ended the day before admission except for Waiver Case Management.
- If a person enters a Nursing Facility (not admitted) or is incarcerated, all waiver service authorizations must be ended the day before entering the facility including WCM. Case Managers can request State Funded Case Management precertification if needed.
- **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 completed late, the effective date of disenrollment will be ten (10) calendar days from the date that the ***Notice of Disenrollment*** is completed. The plan must be updated, and all waiver service authorizations ended.
- **Two services have not been received for a full calendar month.** This means the participant has not received two services funded through the waiver for a full calendar month. In the space provided on the ***Notice of Disenrollment***, indicate the service or services not received during the full calendar month and the last date the service or services were 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. The plan must be updated, and all waiver service authorizations ended.

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 can 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 enrolling in another HCB waiver,** the participant must disenroll from the ID/RD 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 ID/RD and enroll into the selected waiver. Negotiate an acceptable enrollment date to allow for proper completion of all enrollment requirements. The plan must be updated, and all waiver service authorizations ended.
- **Other.** 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 ninety (90) calendar days in pending status:

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 retain the slot for 90 days in pending status to allow for Medicaid Eligibility to be reinstated.
 - **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.

To reenroll:

1. The WCM must notify the Waiver Enrollments Coordinator that the participant has regained Medicaid Eligibility and is ready to be enrolled.
 2. The WCM will be responsible for completing a new Freedom of Choice form along with completing a new/initial Level of Care evaluation via Therap.
 3. The WCM will update the plan.
 4. The Waiver Enrollments Coordinator will notify the WCM of next steps towards enrollment.
2. **A participant has not received two waiver services within sixty (60) calendar days since enrollment OR participant has not received two waiver services for a full calendar month due to provider non-availability or participant's injury/illness.** The participant will be disenrolled but will retain the slot for 90 days in pending status to allow for a provider to be located or for recuperation. For example, a participant receives 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 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.

To reenroll:

1. The WCM must notify the Waiver Enrollments Coordinator a participant is ready to resume services due to provider availability or recovery from illness or injury.
2. The WCM will be responsible for completing a new Freedom of Choice form along with completing a new/initial Level of Care evaluation via Therap.
3. The WCM will update the plan.
4. The Waiver Enrollments Coordinator will notify the WCM of next steps towards enrollment.

3. **A participant has entered an institution (ICF/IID, Nursing Facility, PRTF, PRTC, or jail) or a hospital for a short term stay anticipated to be 90 days or less but will require Waiver services once released.** The participant will be disenrolled but will retain the slot for 90 days in pending status.
- **If the participant has not been released from the institution or hospital 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 institution or hospital within ninety (90) calendar days,** the participant may be enrolled without reapplying for a waiver slot.

To reenroll:

1. The WCM must notify the Waiver Enrollments Coordinator that the participant will soon be discharged or has been discharged from the institution or hospital and is ready to be enrolled. The effective date of enrollment must be after discharge from the institution or hospital.
2. The WCM will be responsible for completing a new Freedom of Choice form along with completing a new/initial Level of Care evaluation via Therap.
3. The WCM will update the plan.
4. The Waiver Enrollments Coordinator will notify the WCM of next steps towards enrollment.

If the *Notice of Disenrollment* is not completed and forwarded to the Waiver Enrollments Coordinator in two (2) business days, the provider **may be** responsible for payment of state plan or direct billed services. If the *Notice of Disenrollment* is completed more than two (2) business days after the disenrollment date, include the reason for delay. Often the reason is legitimate (i.e., participant dies, and family does not notify 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, you will be contacted for this information and disenrollment will be delayed.

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.

Level of Care Ineligibility: If for some reason the DDSN eligibility of a participant enrolled in the ID/RD Waiver changes do to no longer meeting the Intellectual Disability or Related Disability requirement, the WCM must complete a Level of Care Re-Evaluation which is warranted anytime a participant's condition changes. Since the participant is no longer eligible for DDSN services (meaning the participant does not have a diagnosis of Intellectual Disability or Related Disability), the participant would not meet ICF/IID Level of Care since ICF/IID Level of Care requires a diagnosis of Intellectual Disability or Related Disability. Therefore, the WCM must submit the adverse Level of Care to the SCDDSN Eligibility Division as outlined in Chapter 5. **The WCM cannot disenroll a participant from the ID/RD Waiver solely based on an eligibility decision.** A Level of Care Re-evaluation must be completed and this

decision upheld by the SCDDSN Eligibility Division before the participant can be disenrolled. Once this is received, you can proceed with disenrollment according to the outlined policy.

Disenrollment Quick Guide

Reason for Disenrollment	Policy	Disenroll but retain slot for 90 days in Pending Status
Admission to any institution (ICF/IID, Nursing Facility, PRTF or PRTC)	Must disenroll from the waiver one day before admission.	Yes, if needed
Incarceration/Jail	Must end all waiver services including waiver case management the day before incarceration (CM can request SFCM). Must disenroll on the 31 st day once participant has reached 30 consecutive days in jail.	Yes, if needed
Hospital	Upon admission, end all waiver services except for WCM. The CM can bill WCM while hospitalized but that is the only waiver service that can be billed. Must disenroll once participant has reached 30 consecutive days in the hospital. Once disenrolled, SFCM can be requested.	Yes, if needed
Nursing Facility (short-term for rehabilitation)	Must end all waiver services including waiver case management the day before they entered. (CM can request SFCM). Must disenroll on the 31 st day once participant has reached 30 consecutive days in Rehab.	Yes, if needed
*See Residential Leave Policy for policy exception for those receiving residential habilitation.		