

DISENROLLMENTS

It will be necessary to disenroll recipients from the MR/RD Waiver for various reasons. Regardless of the reason for disenrollment, the **Notice of Disenrollment (MR/RD Form 17)** must be completed. **Within two (2) working days**, the Service Coordinator/Early Interventionist must update the budget to reflect actual units used prior to disenrollment, inactivate the budget via BDINA on the Waiver Tracking System using the disenrollment date as the budget end date, and complete the **Notice of Disenrollment (MR/RD Form 17)** entering the basic identifying information and checking the box that corresponds with the reason for disenrollment. The **Notice of Disenrollment (MR/RD Form 17) must be reviewed by a Supervisor and signed by a Supervisor**. Once completed, the original, including Reconsideration and Appeals Procedure on the reverse side/attached, must be sent to the recipient or his/her legal guardian. Copies of the **MR/RD Form 17** must be sent to the Regional DHHS Medicaid Eligibility Worker and to the Waiver Enrollments Coordinator (see Attachments 2 and 3, Chapter 6) along with one being maintained in the recipient's file.

Medicaid policy requires that MR/RD Waiver recipients be given written notice regarding MR/RD Waiver disenrollment, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period 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,
- Recipient moves out of state,
- Recipient is admitted to an ICF/MR or NF,
- Recipient is admitted to a Nursing Facility, or
- Recipient has been in a hospital/nursing facility/jail in excess of thirty (30) consecutive days

When completing the **Notice of Disenrollment (MR/RD Form 17)**, you must note the reason for the disenrollment. Disenrollment may occur because the recipient:

- died. The MR/RD Waiver effective date of disenrollment will be the day the recipient died.
- is no longer eligible for Medicaid as determined by SCDHHS/Eligibility. The MR/RD Waiver effective date of disenrollment will be the day before the recipient became Medicaid ineligible.
- no services have been received since enrollment. The MR/RD Waiver effective date of disenrollment will be forty (40) calendar days from the recipient's enrollment date or if the form is being completed late, the MR/RD Waiver effective date of disenrollment will be ten (10) calendar days from the date that the **Notice of Disenrollment (MR/RD Form 17)** is completed.
- no service(s) received in thirty (30) days. This means the recipient is not **receiving** services funded through the waiver and has not received a service for 30 days. In the space given, indicate the service or services not received in 30 days and the last date that services were received. The MR/RD Waiver effective date of disenrollment will be forty calendar (40) days following the recipient's last date of service or if the form is being completed late, the MR/RD Waiver effective date of disenrollment will be ten (10) calendars from the date that the **Notice of Disenrollment (MR/RD Form 17)** is completed. If the consumer is able to resume services prior

to the tenth (10th) day, the disenrollment can be disregarded and the consumer can remain enrolled in the MR/RD Waiver. However, the Service Coordinator/Early Interventionist must notify the Waiver Enrollments Coordinator in writing via e-mail or by telephone that the consumer has received a service prior to the tenth (10th) day and that the disenrollment can be disregarded. The Service Coordinator/Early Interventionist must receive verification from the Waiver Enrollments Coordinator to ensure that the **Notice of Disenrollment (MR/RD Form 17)** has not been processed.

- Individual voluntarily withdraws or no longer wishes to receive services funded by the waiver. For example, if the individual wishes to receive services through another Home and Community Based Waiver, he/she must withdraw from the MR/RD Waiver. In addition to completing the **Notice of Disenrollment (MR/RD Form 17)**, voluntary withdrawal requires completion of the **Voluntary Termination Statement (MR/RD Form 19)**, which the individual/legal guardian must sign along with the Service Coordinator/Early Interventionist. A copy of this form must be submitted to the District I Waiver Coordinator when the **Notice of Disenrollment (MR/RD Form 17)** is sent to the Waiver Enrollments Coordinator. A copy should be provided to the individual and the original placed in the individual's file. The MR/RD Waiver effective date of disenrollment will be the day before the enrollment date into the new waiver.
- If the individual is voluntarily withdrawing or no longer wishes to receive services funded by the waiver and is not entering into a new waiver, the **Notice of Disenrollment (MR/RD Form 17)** and the **Voluntary Termination Statement (MR/RD Form 19)** must be completed. A copy of this form must be submitted to the District I Waiver Coordinator when the **Notice of Disenrollment (MR/RD Form 17)** is sent to the Waiver Enrollments Coordinator. A copy should be provided to the individual and the original placed in the individual's file. The MR/RD Waiver effective date of disenrollment will be ten (10) calendar days from the date the individual notifies the Service Coordinator that he/she wishes to voluntarily withdraw from the MR/RD Waiver
- was **admitted** to an ICF/MR. The MR/RD Waiver effective date of disenrollment will be the day before he/she was admitted to the facility.
- was **admitted** to a Nursing Facility. The MR/RD Waiver effective date of disenrollment will be the day before he/she was admitted to the facility.
- voluntarily withdraws or no longer wishes to receive services funded by the waiver. For example, if the recipient wishes to receive services through another Home and Community Based Waiver, he/she must withdraw from the MR/RD Waiver. In addition to completing the **Notice of Disenrollment (MR/RD Form 17)**, voluntary withdrawal requires completion of the **Voluntary Termination Statement (MR/RD Form 19)**, which the recipient/legal guardian must sign along with the Service Coordinator/Early Interventionist. A copy of this form must be submitted to the District I MR/RD Waiver Coordinator when the **Notice of Disenrollment (MR/RD Form 17)** is sent to the MR/RD Waiver Enrollments Coordinator. A copy should be provided to the recipient and the original placed in the recipient's file. The MR/RD Waiver effective date of disenrollment will be ten (10) calendar days from the date of notification from the recipient that they wish to voluntarily withdraw from the MR/RD Waiver.
- no longer meets ICF/MR Level of Care (See Chapter 5 for information about ICF/MR LOC). The MR/RD Waiver effective date of disenrollment will be ten (10) calendar days after the date the individual was found to no longer meet ICF/MR Level of Care.
- recipient moved out of state. The MR/RD Waiver effective date of disenrollment will be the date you were notified that the recipient moved out of state and is no longer receiving services

Other reasons for disenrollment can also be noted. For example, disenrollment must occur when the recipient's plan/level of care exceeds three hundred and sixty-five (365) days.

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

1. **A recipient's Medicaid eligibility has been interrupted**, but Medicaid eligibility should be reinstated within ninety (90) calendar days; therefore the individual 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 MR/RD Waiver effective date of disenrollment will be the day before the recipient became Medicaid ineligible.
 - **If Medicaid eligibility is not reinstated** within 90 calendar days, the individual will be removed from pending status and the slot will be revoked.
 - **If Medicaid is reinstated** within 90 calendar days the recipient may be enrolled without reapplying for a waiver slot. The Service Coordinator/Early Interventionist must notify the Waiver Enrollments Coordinator that the recipient has regained Medicaid Eligibility and is ready to be enrolled. The Service Coordinator/Early Interventionist will be responsible for completing a new Freedom of Choice form along with submitting a new initial request for Level of Care evaluation to the Consumer Assessment Team along with updating the plan. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to the SCDHHS Eligibility Worker.
2. **A recipient has not received any service(s) for 30 calendar days due to provider non-availability or recipient's injury/illness**. The individual will be disenrolled, but will remain in pending status for 90 calendar days to allow for provider procurement or recipient's recuperation; therefore, retaining the slot. The MR/RD Waiver effective date of disenrollment will be forty calendar (40) days following the recipient's last date of service or forty (40) calendar days from their enrollment date, if no services received. If the form is being completed late, the MR/RD Waiver effective date of disenrollment will be ten (10) calendar days from the date that the **Notice of Disenrollment (MR/RD Form 17)** is completed.
 - (1) **If a recipient has an illness or injury** that prevents them from receiving any MR/RD Waiver service for thirty (30) calendar days, they must be disenrolled from the MR/RD Waiver with ten (10) calendar days notice, but they can remain in pending status for 90 calendar days to allow for recuperation. For example, a recipient is only receiving day habilitation through the MR/RD Waiver and he/she injures himself. The injury prevents him from attending the day program and receiving day habilitation and no other MR/RD Waiver services are needed.
 - (2) **If a provider cannot be located** to meet a recipient's need(s) and the recipient has not received a service in thirty (30) calendar days, they must be disenrolled from the MR/RD Waiver with ten (10) days notice, but they can remain in pending status for 90 calendar days to locate a provider.
 - **If a provider has not been located or the recipient is not ready to resume services** within 90 calendar days, the individual will be removed from pending status and the slot will be revoked.
 - **If a provider is located or the recipient is ready to resume services** within 90 calendar days the recipient may be enrolled without reapplying for a waiver slot. The Service Coordinator or Early Interventionist must notify the Waiver Enrollments Coordinator that the recipient is ready to be re-enrolled. The Service Coordinator/Early Interventionist will be

responsible for completing a new Freedom of Choice form again along with submitting a new initial request for Level of Care evaluation to the Consumer Assessment Team. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to the SCDHHS Eligibility Worker.

3. **A recipient has entered the hospital/nursing facility/jail for an extended period of time that has exceeded 30 days;** however, the individual will still require their MR/RD Waiver services when released from the hospital/nursing facility/jail. Therefore, the individual will be disenrolled, but will remain in pending status for 90 calendar days; therefore, retaining the slot. The MR/RD Waiver effective date of disenrollment will be thirty (30) calendar days following the recipient's last date of service.
 - **If the individual has not been released from the hospital/nursing facility/jail** within 90 calendar days, the individual will be removed from pending status and the slot will be revoked.
 - **If the recipient is discharged from the hospital/nursing facility/jail** within 90 calendar days then the recipient may be enrolled without reapplying for a waiver slot. The Service Coordinator or Early Interventionist must notify the Waiver Enrollments Coordinator that the recipient is ready to be re-enrolled. The Service Coordinator/Early Interventionist will be responsible for completing a new Freedom of Choice form along with submitting a new initial request for Level of Care evaluation to the Consumer Assessment Team. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to the SCDHHS Eligibility Worker.

If the **Notice of Disenrollment (MR/RD Form 17)** is not completed in 2 business days and forwarded to the Waiver Enrollments Coordinator (see Attachment 2, Chapter 6), the DSN Board or provider **could be** responsible for payment of state plan or direct billed services. If the **Notice of Disenrollment (MR/RD Form 17)** is completed more than 2 days after the disenrollment date, you must include the reason for delay. Often times the reason may be very legitimate (i.e. recipient dies and family does not contact you immediately); however, it **MUST** be noted on the **Notice of Disenrollment (MR/RD Form 17)**. 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 Service Coordination Supervisor or Early Intervention Supervisor to check the Waiver Tracking System to ensure that the individual has indeed been disenrolled within two business days of submission of the Notice of Disenrollment (MR/RD Form 17). When checking the WTS, you will note that the termination/disenrollment date will be directly under "Enrollment End Date" although there is an "E" in the Enrollment Status column. If you find after checking the system on several occasions that the individual continues to be enrolled, contact the Waiver Enrollments Coordinator immediately (see Attachment 2, Chapter 6) to ensure that the Notice of Disenrollment (MR/RD Form 17) was received.

Please Note: For recipients receiving day habilitation or prevocational services, it is imperative that you update the STS to indicate that the person is no longer receiving MR/RD Waiver funding for their day service. If they are going to continue to receive the service after they have terminated from the MR/RD Waiver, you must indicate the new source. This can be accomplished on the CHGAT screen which is on the Services Menu (SVMEN) of the STS. If they are no longer going to receive the service, it must be terminated from the STS.

Please Note: If for some reason the eligibility of a recipient enrolled in the MR/RD Waiver changes to a noneligibility status for Mental Retardation or Related Disability, the Service Coordinator/Early Interventionist

must complete a Level of Care Re-Evaluation which is warranted anytime a recipient's condition changes. Since the recipient is no longer eligible for DDSN services (meaning the recipient does not have a diagnosis of Mental Retardation or Related Disability), the recipient would not meet ICF/MR Level of Care since ICF/MR Level of Care requires a diagnosis of Mental Retardation or Related Disability. Therefore, the Service Coordinator/Early Interventionist must submit the adverse Level of Care to the Consumer Assessment Team as outlined in Chapter 5, page six (6). **You cannot disenroll a recipient from the MR/RD Waiver solely based on an eligibility decision.** A Level of Care Re-evaluation must be done and this decision upheld by the Consumer Assessment Team before the recipient can be disenrolled. Once this is received, you can proceed with disenrollment according to the outlined policy.

Please note: If a recipient has been disenrolled due to no service in thirty (30) Calendar days and within the ten (10) calendar day notice timeframe services can be reinstated, then the disenrollment can be disregarded. In order to do this the Service Coordinator/Early Interventionist must contact the Waiver Enrollments Coordinator (prior to the disenrollment effective date) to request that the disenrollment be voided. Furthermore, the Service Coordinator/Early Interventionist must contact Donna M. Johnson at 803-898-9782 or Trina Smalley at 803898-9630 in the Cost Analysis Division at DDSN Central Office to have the budget reinstated.

South Carolina Department of Disabilities and Special Needs MR/RD Waiver Notice of Disenrollment

Date Form Completed: _____

Recipient's Name: _____

Medicaid #: _____

SSN#: _____

The person named above is no longer eligible to receive services funded through the MR/RD Waiver for the reason noted below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Death | <input type="checkbox"/> Admitted to an ICF/MR | <input type="checkbox"/> No longer meets ICF/MR LOC |
| <input type="checkbox"/> No longer eligible for Medicaid | <input type="checkbox"/> Admitted to Nursing Facility | <input type="checkbox"/> Recipient moved out of state |
| <input type="checkbox"/> No service since enrollment | <input type="checkbox"/> Voluntary withdrawal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> No service(s) received in 30 days _____ | (the service(s) and last date received) | |

Medicaid eligibility has been interrupted, but should be reinstated within 90 calendar days [The individual will be disenrolled, but will remain pending for 90 calendar days; therefore, retaining the waiver slot. If a Medicaid is not reinstated within 90 calendar days, the individual will be removed from pending status and the slot will be revoked. If Medicaid is reinstated, the recipient may be re-enrolled; **[Freedom of Choice must be completed and a new initial Level of Care requested]**.

Individual has not received a service for 30 consecutive calendar days due to provider non-availability or recipient's injury/illness [The individual will be disenrolled, but will remain pending for 90 calendar days; therefore, retaining the waiver slot. If a provider has not been located or the recipient is not ready to resume services within 90 calendar days, the individual will be removed from pending status and the slot will be revoked. If a provider is secured or the recipient is ready to resume services within 90 calendar days, the recipient may be re-enrolled; **[Freedom of Choice must be completed and a new initial Level of Care requested]**. List the service(s) needed, but not received: _____

Individual has entered the hospital/nursing facility/jail that has exceeded 30 consecutive calendar days; however, the individual will require MR/RD Waiver Services when released from the hospital/nursing facility/jail [The individual will be disenrolled, but will remain pending for 90 days; therefore, retaining the waiver slot. If the recipient has not been released from the hospital/nursing facility/jail within 90 days, the individual will be removed from pending status and the slot will be revoked. If the recipient is released from the hospital/nursing facility/jail within 90 days, the recipient may be re-enrolled; **[Freedom of Choice must be completed and a new initial Level of Care requested]**. (please circle appropriate facility).

EFFECTIVE DATE OF DISENROLLMENT: _____/_____/_____

The effective date is 10 calendar days from the date the form is completed with the exception of death, moved to another state, loss of Medicaid, hospital/nursing facility/jail stay exceeded 30 calendar days, and admission to an ICF/MR or Nursing Facility. This allows the recipient/legal guardian notice prior to disenrollment/loss of services and the right to appeal without services being terminated.

As a result of this disenrollment, service(s) currently being provided will be terminated with this effective date. Contact your Service Coordinator/Early Interventionist about these services or any questions that you may have.

If form completed more than 2 business days after the disenrollment date, provide reason for delay:

Service Coordinator/Early Interventionist: _____ E-Mail Address _____

DSN Board/Provider: _____ Phone: _____

Address: _____

Signature: _____ Date: _____/_____/_____

Service Coordination/Early Intervention Supervisor's Signature: _____

SCDDSN RECONSIDERATION PROCESS

The South Carolina Department of Disabilities and Special Needs (SCDDSN) is responsible for the day-to-day operations of the Intellectual Disability-Related Disabilities (ID-RD) Waiver, the Community Supports (CS) Waiver, the Head and Spinal Cord Injury (HASCI) Waiver, and the Pervasive Developmental Disorder (PDD) Waiver. If a Waiver participant disagrees with a decision made and/or action taken by SCDDSN, reconsideration and reversal of the adverse decision/action may be requested.

The SCDDSN reconsideration process must be completed in its entirety before seeking an appeal with the South Carolina Department of Health and Human Services (SCDHHS), which is the State Medicaid Agency.

A request for a SCDDSN reconsideration of an adverse decision/action must be made in writing within thirty (30) calendar days of receipt of written notification of the adverse decision/action. The request must clearly state the basis of the complaint, previous efforts to resolve the complaint, and relief sought. If necessary, a Case Manager or other staff may assist the participant, legal guardian or representative in requesting reconsideration. The request must be dated and signed by the participant, legal guardian or representative assisting the participant. The request for reconsideration must be mailed to:

**State Director
SC Department of Disabilities and Special Needs
P.O. Box 4706
Columbia, SC 29240**

The State Director or a designee will issue a written decision within ten (10) working days of receipt of the written reconsideration request and mail it to the participant, legal guardian or representative. If the State Director upholds the original adverse action/decision, the reason(s) shall be specifically identified in the written notification.

Note: In order for affected Waiver services to continue during the SCDDSN reconsideration process and the SCDHHS Medicaid appeal process, the participant, legal guardian or representative's request for SCDDSN reconsideration must be submitted within ten (10) calendar days of receipt of written notification of the adverse decision/action. Continuation of the affected Waiver services must be specifically requested in the request for SCDDSN reconsideration. If the adverse decision/action is upheld, the participant or legal guardian may be required to repay the cost of affected Waiver services received during the time of the reconsideration/appeal processes.

SCDHHS MEDICAID APPEAL PROCESS

If the participant, legal guardian or representative fully completes the SCDDSN reconsideration process above and is dissatisfied with the result, the participant, legal guardian or representative has the right to request an appeal with the State Medicaid Agency, which is the South Carolina Department of Health and Human Services (SCDHHS). The appeal request may be made electronically using the SCDHHS website indicated below or it may be mailed to SCDHHS. This must be done no later than thirty (30) calendar days after receipt of the SCDDSN notification.

The purpose of a SCDHHS administrative appeal is to prove error(s) in fact or law pertaining to a decision made and/or action taken by SCDDSN that adversely affects a Waiver participant. The appeal must clearly state the specific issue(s) that are disputed and what action is requested. A copy of the reconsideration notification received from SCDDSN must be uploaded using the SCDHHS website indicated below or included with the mailed appeal.

The participant, legal guardian or representative is encouraged to file the appeal electronically at www.scdhhs.gov/appeals.

OR

The appeal request may be mailed to:

**SC Department of Health and Human Services
Division of Appeals and Hearings
P.O. Box 8206
Columbia, SC 29202-8206**

An appeal request to SCDHHS is valid if filed electronically or mailed to the above address and postmarked no later than the thirtieth (30th) calendar day following receipt of the SCDDSN reconsideration notification. Unless a valid appeal request is made to SCDHHS, the SCDDSN reconsideration decision will be final and binding.

If a valid appeal request is made, the participant, legal guardian or representative will be advised by the SCDHHS Division of Appeals and Hearings as to the status of the appeal request, which may include a scheduled hearing.

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER -VOLUNTARY TERMINATION STATEMENT**

Please Type or Print

Individuals Name: _____

Social Security Number: _1_ _2_ _3_ _4_ _5_ _6_ _7_ _8_ _9_

I, _____, as recipient or legal guardian, request that the above named recipient be terminated from the Mental Retardation/Related Disability (MR/RD) Home and Community Based Waiver.

I understand that the services noted below, which are currently being provided to the recipient and are funded through the MR/RD will no longer be funded in that manner.

EFFECTIVE: ____/____/____.

- | | |
|--|---|
| <input type="checkbox"/> Adult Dental Services | <input type="checkbox"/> Prescribed Drugs |
| <input type="checkbox"/> Adult Vision Services | <input type="checkbox"/> Audiological Services |
| <input type="checkbox"/> Companion Services | <input type="checkbox"/> Respite Services |
| <input type="checkbox"/> Adult Day Health Care | <input type="checkbox"/> Psychological Services |
| <input type="checkbox"/> Personal Care Services | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Nursing Services | <input type="checkbox"/> Physical Therapy Services |
| <input type="checkbox"/> Residential Habilitation | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Career Preparation | <input type="checkbox"/> Day Activity |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Behavior Support Services | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> Private Vehicle Modifications | <input type="checkbox"/> Adult Day Health Care- Nursing |
| <input type="checkbox"/> Adult Attendant Care | <input type="checkbox"/> Support Center Services |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Adult Day Health Care Transportation |
| <input type="checkbox"/> Day Habilitation | <input type="checkbox"/> Prevocational Services |
| <input type="checkbox"/> Supportive Employment | |

I understand that termination from the MR/RD Waiver may affect the recipient's eligibility for Medicaid.

I understand that termination from the MR/RD Wavier does not affect the recipient's eligibility for available services from the South Carolina Department of Disabilities and Special Needs (SCDDSN) and that voluntary termination does not prohibit future participation in the MR/RD Waiver should the recipient choose to re-apply for the program.

Recipient's Signature

Legal Guardian / Family Member Signature

Service Coordinator/Early Interventionist

Original: File Copy: Recipient/Legal Guardian and Lead Coordinator for MR/RD Waiver and Service Planning