Disenrollment

I. Voluntary Disenrollment

A. If a participant notifies ICS that he/she no longer needs long-term care services or wishes to disenroll for another reason, this is considered a Voluntary Disenrollment, and the matter should be referred to the participant’s Care Manager (CM). The CM should discuss with the participant the reason for wanting to disenroll, request time to resolve the problem, and make a sincere effort to find a solution before proceeding with the disenrollment. All efforts should be documented in Care Compass.

If all efforts to address the participant’s reason for voluntarily disenrolling are unsuccessful and the participant does not want or need services, the participant should sign a voluntary disenrollment form, which should be submitted to the senior staff member within the enrollment department.

If all efforts to address the participant’s reason for voluntary disenrollment are unsuccessful and the participant wants to continue to receive services, the participant must choose another MLTC plan to join, and the following should occur:

- The Care Manager will advise the participant to call NY Medicaid Choice (NYMC, or Maximus) at (888) 401-6582 Maximus to initiate a 3-way phone transfer to the new plan.
• NYMC staff will advise the participant of the expected date of enrollment into the new MLTC.

• The Care Manager must provide the participant (or designated representative) with an NYMC Medicaid Managed Long Term Care CONSUMER DISENROLLMENT FORM which must be signed.

• The Care Manager sends the signed form to the senior staff member within the enrollment department.

• The senior staff member within the enrollment department scans the signed form in the participant’s electronic record.

• The Intake Manager will receive official notification from NYMC with the names of participants to be disenrolled.

• The Intake Manager will distribute an Enrollment/Disenrollment Roster internally on a monthly basis that will include the names of the participants to be disenrolled for the following month.

• The Care Manager will notify the participant of the disenrollment.

• ICS will not terminate services until the Care Manager or Maximus indicates it is appropriate. (section 2.3.2.8 of 3-way FIDA contract)

• Within ten calendar days of disenrollment from ICS, ICS will send a copy of the most current service plan to DOH. (section 2.3.2.10 OF 3-way FIDA contract)

• If the NYMC Voluntary form is submitted to the senior staff member within the enrollment department electronically by the 10th of the month, the participant can be disenrolled by NYMC on the 1st of the following month. If submitted after the 10th, the disenrollment may be delayed an additional month.

B. If a participant is in an out-of-network nursing home for 30 consecutive days, the participant must be disenrolled. If the participant remains in the out-of-network facility, the following should occur:

• The Care Manager sends an ICS Voluntary Disenrollment Request Form to the participant or family member to be completed and signed.

• The Care Manager submits the completed form to the senior staff member within the enrollment department. As noted above, forms should be
received by the 10th of the month. The Intake Manager forwards the ICS Voluntary Disenrollment Request Form to HRA.

- HRA notifies the Intake Manager if the participant has been disenrolled.
- The Intake Manager will notify ICS staff of the disenrollment through the monthly Enrollment/Disenrollment Roster.
- The Care Manager will notify the participant of the disenrollment when approved by HRA.

II. **Involuntary Disenrollment**

If ICS initiates a participant’s disenrollment against his/her wishes, it is considered an Involuntary Disenrollment.

**A.** Possible reasons for ICS to recommend disenrollment are:

1. The participant no longer lives in the ICS service area (Bronx, Manhattan, Brooklyn and Queens.)
2. The participant left the service area for more than 30 consecutive days.
3. The participant is hospitalized in an acute hospital, an Office of Mental Health, OASAS (Substance Abuse), or Office of People With Developmental Disabilities (OPWDD) facility for 45 days or longer.

When a participant is discharged from the hospital after less than 45 days to an out-of-network nursing home for a rehab stay, the 45-day clock associated with the hospitalization ends and the participant remains with ICS for 30 days while in the rehab stay. When and if permanent nursing home placement is indicated in an out-of-network facility, the participant will be disenrolled. If the participant is transferred to an in-network facility for permanent placement, with ICS’s concurrence of medical necessity, the participant will remain with ICS.

When a participant is discharged from the hospital after staying for less than 45 days and admitted to an out-of-network nursing home for rehab stay and returns directly back to the hospital, the 45 day clock restarts again. The participant can remain in the hospital until discharged or until the 45 day clock ends. If the 45-day clock then ends for the re-hospitalized participant, he/she should be disenrolled.
4. The participant or family member engages in behavior that seriously impairs ICS’s ability to provide services.

5. The participant did not pay spend-down fee within 30 days of being due.

6. The participant or family member knowingly fails to complete any consent form or release.

7. The participant knowingly provides false information or otherwise engages in fraudulent conduct.

8. The participant is homeless, living in the streets or in a shelter, and ICS is unable to provide services.

9. The participant is no longer eligible for MLTC because he/she is assessed as no longer requiring community-based long term care services (i.e., 120 days per year of home care) or no longer meets the nursing home level of care.

10. The participant does not receive at least one of the following services:

   - Nursing services in the home;
   - Therapies in the home;
   - Home health aide services;
   - Personal care services in the home;
   - Adult day health care;
   - Private duty nursing; or
   - Consumer Directed Personal Assistance Services (“Concepts”).

11. The participant is no longer Medicaid eligible because of non-compliance.

12. The participant is incarcerated.

13. The participant has died.

14. The participant is eligible for housekeeping services only.

**B.** If an involuntary disenrollment is necessitated by any of the above conditions, ICS must abide by the following procedures:

1. The Care Manager contacts his/her Team Leader to review the reason for disenrollment.

2. Following the review, the Care Manager will complete and sign a Risk of Disenrollment Assessment in Care Compass.
3. Following an alert in Care Compass indicating that the Risk of Disenrollment has been signed, the Administrative Assistant for the COO will send the participant (and a copy to the Intake Manager) explaining the reason the participant is at risk.

4. ICS must provide written notice of request to disenroll to the CMT and the participant, the notice must include the CMT’s number and address. (section 2.3.2.9.3 of 3 way FIDA contract)

5. For reasons 1-10 above, if the situation is not resolved in a timely manner, the Care Manager fills out an NYMC Managed Long Term Care INVOLUNTARY DISENROLLMENT REQUEST FORM and sends it to the senior staff member within the enrollment department along with any required documentation.

   If the submitted information is insufficient, NYMC will issue a request for additional information to ICS. The Care Manager must provide the missing information to the Intake Manager immediately.

   If the missing information is not received by NYMC within 6 business days, the original request will be withdrawn and the plan must submit a new involuntary disenrollment request. All additional information sent to NYMC must be on ICS letterhead, and be signed and dated.

6. For reasons 11-13 above, the Care Manager fills out an ICS Involuntary Disenrollment Request Form and submits it to the senior staff member within the enrollment department. No accompanying documentation is required.

7. The senior staff member within the enrollment department reviews the material to ensure that the appropriate form has been correctly completed and the required supporting documentation is attached when necessary.

8. For reasons 1-10 above, the Intake Manager sends the appropriate Involuntary Disenrollment Request Form and all supporting documentation to NYMC.

9. For reasons 11-13 above, the Intake Manager sends the appropriate Involuntary Disenrollment Request Form to HRA.

10. For participants assessed to receive housekeeping only, the Care Manager will do the following:

    - Inform the participant that he/she will be disenrolled and converted to HRA for housekeeping.
• Complete an ICS Involuntary Disenrollment Request Form. At the bottom of the page, the Care Manager writes “housekeeping” and indicates how many hours the participant is approved for.

• Complete a “Notice to Disenroll” letter, scans the letter into the participant’s electronic file, sends a copy to the participant, and includes a copy of the letter in the conversion package for HRA.

• Complete an MLTC Housekeeping Conversion Form 3035.

• Print the current Uniform Assessment System-New York (UAS) report from Care Compass.

• Submit the above documents as a Conversion Package to the Intake Manager, and document the submission as an Encounter in Care Compass.

Upon receiving the disenrollment request, the Intake Manager will complete the following steps:

• Check the Medicaid status ensuring that participant’s Medicaid will not expire within 90 days. If the participant’s MA will expire within 90 days, the Intake Manager will advise the Medicaid Eligibility Specialist to contact the participant and assist in the completion and submission of a Medicaid Recertification Application, which will be sent to NYC/Human Resources Administration Office.

• Submit the Housekeeping Conversion Package as well as the proof of Medicaid Recertification to the Central Intake Unit of the NYC Human Resources Administration Office no later than the 10th of the month for disenrollment by the first of the following month. Document the package’s submission into the respective participant’s record in Care Compass.

• Add the names of the participants that are converted to CASA (HRA) to the disenrollment roster.

**Forms for Housekeeping Conversion Package**

• MLTC Housekeeping conversion form 3035
• Involuntary disenrollment form.
11. If NYMC/HRA agrees with the ICS request to involuntarily disenroll the participant, it sends a letter to the participant stating the decision to disenroll, with an effective date. NYMC/HRA will issue a Notice of Fair Hearing to the participant, including the right to request aid continuing within 10 days from the issuance. Disenrollment or transfer will not be processed until the 10 days have elapsed. If a participant requests aid continuing, he/she will remain in the original plan until the Fair Hearing is conducted.