

1.30	Medicaid Home and Community Based Program Disenrollment Protocol	Page 1 of 3
Authorizing Utah Code: 62a, Chapter 5, Part 1	Rule:	Division Staff
Issue date: 11/02	Revision date: n/a	
Form(s): DPF-2 , DPF-3	Guidelines: n/a	

Home and community based program disenrollment coordination will facilitate:

appropriate movement amongst programs;
effective utilization of program potential;
effective discharge and transition planning;
provision of information, affording clients the opportunity to exercise all rights; and
program quality assurance/quality improvement measures.

PROCEDURE

1. **Voluntary** disenrollments are cases in which clients **choose to initiate disenrollment** from a home and community based program. These cases require written notification to the Division of Health Care Financing, Long Term Care Unit.

Steps for notification include:

- a. **Written** notification shall be provided by the program from which the client is disenrolling.
 - b. Notification shall be submitted to:

Division of Health Care Financing
Attn: Disenrollment Notices Staff
Long Term Care Unit
288 North 1460 West
Salt Lake City, Utah 84114-3108
FAX: 801-538-6412
 - c. Programs may utilize Form 927 (Waivers,) or Form DPF-1 (Flexcare) for notification, or they may provide other written notification, including at a minimum, the information provided on Form DPF-1.
 - d. Notification shall be provided to the Division of Health Care Financing within **30** days after discharge.
 - e. Long Term Care Unit review is not required prior to the disenrollment.
 - f. Documentation will be maintained by the program, detailing the discharge planning activities completed with the client, as part of the disenrollment process.
2. **Pre-Approved** involuntary disenrollments are cases in which clients are involuntarily disenrolled from a home and community based program for reasons outlined in the approved Program Provider Manual. Pre-Approved involuntary disenrollments require written notification to the Division of Health Care Financing, Long Term Care Unit, but do not require prior review or approval of the decision to disenroll.

Pre-Approved involuntary disenrollment reasons:

- client death;

- client no longer meets financial requirement for Medicaid program eligibility;
- client has moved out of the applicable catchment area (Davis and Salt Lake; Counties - Flexcare) or the State of Utah (all programs);
- client has not paid the required contribution to care amount (Flexcare); and/or
- client whereabouts are unknown.

Steps for notification include:

- a. **Written** notification shall be provided by the program from which the client is disenrolling.
 - b. Notification shall be submitted to:
Division of Health Care Financing
Attn: Disenrollment Notices Staff
Long Term Care Unit
288 North 1460 West
Salt Lake City, Utah 84114-3108
FAX: 801-538-6412
 - c. Programs may utilize Form 927 (Waivers,) or Form DPF-1 (Flexcare) for notification, or they may provide other written notification, including at a minimum, the information provided on Form DPF-1.
 - d. Notification shall be provided to the Division of Health Care Financing within **30** days of discharge.
 - e. Long Term Care Unit review is not required prior to the disenrollment.
 - f. Documentation will be maintained by the program, detailing the discharge planning activities completed with the client, as part of the disenrollment process.
3. **Special Circumstance** involuntary disenrollments are cases in which clients are involuntarily disenrolled from a home and community based program for reasons that are non-routine in nature. Special circumstance involuntary disenrollments require written notification to the Division of Health Care Financing, Long Term Care Unit, and require prior review and prior approval of the decision to disenroll.

Special Circumstance involuntary disenrollment reasons:

- Client no longer meets corresponding institutional level of care requirement: nursing facility (NF) or intermediate care facility for the mentally retarded (ICF/MR);
- Client's health and safety needs cannot be met by the current program's services and supports;
- Client has demonstrated non-compliance with the agreed upon care plan/support plan and is unwilling to negotiate a plan of care that meets minimal safety standards; and/or
- Client poses an imminent danger to themselves or others.

Steps for notification include:

- a. **Written** notification shall be provided by the program from which special circumstance involuntary disenrollment is being proposed.
- b. Notification shall be submitted to:
The Human Services Division responsible for program administration:

Aging Waiver: State Division of Aging and Adult Services

Acquired Brain Injury Waiver: State Division of Services for People with Disabilities

DD/MR Waiver: State Division of Services for People with Disabilities

Physical Disabilities Waiver: State Division of Services for People with Disabilities

AND

Division of Health Care Financing
Attn: Disenrollment Notices Staff
Long Term Care Unit
288 North 1460 West
Salt Lake City, Utah 84114-3108
FAX: 801-538-6412

- c. Programs must notify the Division of Health Care Financing, Long Term Care Unit of proposed special circumstance, involuntary disenrollments **at the earliest point possible when considering a client for involuntary disenrollment. Upon receipt the Long Term Care Unit will log the receipt of the disenrollment notice, and will begin the review process within 5 working days of receipt.**
- d. Programs may utilize Form DPF-2 for notification or they may provide other written notification, including at a minimum, the information provided on Form DPF-2.
- e. The Division of Health Care Financing, Long Term Care Unit will provide a notice of decision (Form DPF-3) to the program within **30 days** of receipt of the notification. Prior to the Division of Health Care Financing, Long Term Care Unit's notice of decision the following activities may occur:
 1. Coordination meetings with the program recommending disenrollment; and
 2. Coordination meetings with multiple programs.
- f. Programs must notify the Division of Health Care Financing, Long Term Care Unit of proposed special circumstance, **imminent danger**, involuntary disenrollments as soon as issues requiring immediate intervention are identified. The Division of Health Care Financing, Long Term Care Unit staff will work with program staff to expedite the process to assure appropriate program placement is achieved.
- g. Cases in which a client or others in the community are in **immediate jeopardy** will require telephonic prior-authorization to be granted to the program by the Division of Health Care Financing, Long Term Care Unit.
 1. The program will contact the Division of Health Care Financing, Long Term Care Unit, disenrollment staff by telephone at 801-538-9136.
 2. The following Program information will be required for telephonic prior-authorization:
 - a description of the current situation placing the client or others in immediate jeopardy;
 - a description of measures currently being employed to prevent a further deterioration of the situation;
 - a description of the program's intent regarding permanent disenrollment versus providing a temporary placement due to an acute problem.
 3. In cases in which immediate jeopardy situations arise outside of regular business hours(Monday - Friday 8:00 a.m. - 5:00 p.m.); post-authorization will be required. The program shall obtain post-authorization on the **first** business day after the occurrence.