



UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES POLICY AND PROCEDURES		
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MEDICAID HCBS DISENROLLMENT PROTOCOL		
<p>RATIONALE: The intent of this policy is to establish protocols for disenrollment from Home and Community-Based Services (HCBS) programs.</p> <p>Authorizing Code: 26B-6-403 Rule: R539-1; R539-2 Forms: 522-I, 490S, DPF-2, Form 927 “Medicaid Financial Eligibility”</p>		
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I. DESCRIPTION

The purpose of this policy and procedure is to establish protocols for Home and Community-Based program disenrollment that facilitate:

- A. movement between waiver programs;
- B. effective utilization of program resources;
- C. effective discharge and transition planning;
- D. greater quality assurance and improvement measures for each program; and
- E. clear communication of important information to a Person in services so they may exercise the full extent of their rights.

II. DEFINITIONS

The following terms are defined for this policy as:

- A. **Department of Workforce Services (DWS):** means the state agency responsible for determinations of financial eligibility for Utah Medicaid, including waiver participation.
- B. **Disenrollment:** means termination of participation in an HCBS waiver.
- C. **Division of Integrated Health, Office of Long Term Services and Supports (DIH/LTSS):** means the State Medicaid Authority (SMA) for Utah Medicaid, including all HCBS 1915(c) waivers operated by the division.
- D. **Division:** means the Division of Services for People with Disabilities as defined in Section 26B-6-401.
- E. **HCBS waiver (waiver):** means home and community-based services, which are

long term services and supports provided to individuals in their homes or other community settings that satisfy the requirements of 42 CFR 441.301(c)(4) (2025). The division's HCBS waivers include: Acquired Brain Injury Waiver; Community Supports Waiver; Community Transitions Waiver; Limited Supports Waiver; and Physical Disabilities Waiver.

- F. **Notice of Agency Action (NAA):** means a completed Form 522-I.
- G. **Person:** means an eligible individual receiving a division service or who is on the waiting list for division services.
- H. **Support coordinator (SC):** means an employee of the division or an individual contracted with the division who assists with:
 - 1. assessing the need of a Person receiving division funding;
 - 2. completing written documentation of support;
 - 3. developing a service and support plan for a Person receiving division funding;
 - 4. monitoring the appropriate spending of a Person's annual budget;
 - 5. monitoring the health and welfare of the Person; and
 - 6. monitoring the quality of each service used by a Person receiving division funding.
 - 7. If a Person receives waiver services, a support coordinator shall assure compliance with each waiver program requirement.
- I. Waiver manager (WM): means division staff responsible for the operation of a specific waiver or waivers, who may delegate certain responsibilities to a designee.

III. POLICY

Policy for voluntary disenrollments.

- A. Voluntary disenrollments are cases where a Person, or their guardian (if applicable) chooses to initiate disenrollment from participation in a HCBS waiver program. DIH/LTSS review is not required prior to this type of disenrollment.
- B. Voluntary disenrollments may occur when the Person enters a long-term care facility for a period of less than 90 days and then chooses not to transition back to the original waiver program, or when a Person transitions to a different waiver program directly from the long-term care facility.
- C. Voluntary disenrollments also include when a Person transitions out of one waiver program and into a different waiver program.

Policy for pre-approved involuntary disenrollments.

- D. Pre-approved involuntary disenrollments are cases where a Person is involuntarily disenrolled from the waiver program for any of the following reasons.
 - 1. The Person has died.
 - 2. The Person has been incarcerated for more than 30 days.
 - 3. The Person has been determined by DWS to be ineligible for Medicaid for more than 90 days.
 - 4. The Person has entered a long-term care facility for a stay of more than 90 days.
 - 5. The Person has been continuously absent from the state for more than 90 days, as described in Policy 1.58 "Short-Term Absences from the State."
- E. DIH/LTSS review is not required prior to voluntary disenrollment because the

above conditions have already been approved by the SMA.

Policy for special circumstance involuntary disenrollment.

- F. Special circumstance involuntary disenrollments are cases where a Person is disenrolled for reasons that are non-routine in nature.
- G. For special circumstance involuntary disenrollments, the decision to disenroll the Person requires both prior review and prior approval by DIH/LTSS.
- H. The circumstances leading to the special circumstance involuntary disenrollment are specific to the Person, and may include any of the following common reasons, or others.
 - 1. The Person no longer meets the corresponding institutional level of care requirement for the waiver, which includes nursing facilities and intermediate care facilities for a Person with an intellectual disability;
 - 2. The Person's health and safety needs may not be safely met by the waiver program's services and supports.
 - 3. The Person has demonstrated non-compliance with the agreed upon care plan and is unwilling to negotiate a new person-centered support plan that meets minimum safety standards.
 - 4. The Person has demonstrated non-compliance with the signed participant agreement with the division.
 - 5. The Person's whereabouts are unknown for more than 30 days, and the Person has not yet been determined to be ineligible for Medicaid services by DWS.

IV. PROCEDURE

Procedure for voluntary disenrollments.

- A. The WM shall maintain documentation in the Waiver Manager Tracking document that details the discharge planning activities that were completed with the Person.
- B. The discharge planning documentation shall include, at a minimum:
 - 1. the Person's name;
 - 2. the waiver the Person is disenrolling from;
 - 3. the name of the Person's support coordinator;
 - 4. the date that the NAA was sent;
 - 5. the date division staff closed the Medicaid eligibility screen in USTEPS;
 - 6. the date division staff sent the closed Form 927 to the division finance team and DIH/LTSS; and
 - 7. the date the Form 927 was returned to the division, and then uploaded to USTEPS.
- C. If the PCSP was closed, then the discharge planning documentation shall also include:
 - 1. whether all billings are complete;
 - 2. cohort and program tracking; and
 - 3. the date the Financial Eligibility screen was closed in USTEPS.

Procedure for pre-approved involuntary disenrollments.

- D. If a Person is determined ineligible for Medicaid by DWS, or has entered a long-term care facility for more than 90 days, the division shall send the Person a Notice of Agency Action and Hearing Rights, as described in Policy 1.11.
- E. If a Person is determined ineligible for Medicaid by DWS, the WM shall assure the

following steps are taken.

1. Division staff from the waiver team shall assist in reopening the Person's waiver eligibility, if possible, without a lapse in services occurring.
 2. When circumstances arise to cause there to be a lapse of less than 90 days in waiver enrollment, the Person's case management shall remain with the current SCE and the WM shall update the financial eligibility screen in USTEPS and write a log note documenting why there was a lapse.
 3. If the WM expects waiver eligibility to remain closed for more than 90 days, or permanently, case management shall be transferred to the division's Service Transition team.
 4. If the WM expects waiver eligibility to remain closed for more than 90 days, the WM shall notify the division's Individual Budget team. If the Person's SCE provided and billed for case management services, the WM shall approve payment if valid, but if the SCE has misbilled for services, the WM may issue a request for a recoupment instead.
- F. If the waiver eligibility shall remain closed for a period of more than 90 days, the WM shall:
1. request a form 927 closure from DWS;
 2. close the Medicaid eligibility screen in USTEPS;fd
 3. upload the form 927 to USTEPS;
 4. notify DIH/LTSS;
 5. notify the division's Individual Budget team;
 6. write a log note in USTEPS documenting the closure;
 7. close the Financial Eligibility screen in USTEPS; and
 8. transfer case management to the division's Service Transition team.
- G. The applicable WM, or their designee, shall notify DIH/LTSS by email within 10 days of the pre-approved involuntary disenrollment.
- H. The WM shall maintain documentation detailing the discharge planning activities that were completed with the Person, where appropriate.

Procedure for special circumstance involuntary disenrollment.

- I. The WM shall review the documentation of support coordination activities and the disenrollment recommendation. If the WM agrees with the recommendation, they shall forward a request for disenrollment to DIH/LTSS using form DPF-2 (Medicaid Special Circumstance Involuntary Disenrollment Notice of Intent).
- J. If both DIH/LTSS and the WM approve the special circumstance involuntary disenrollment, the division shall provide the Person, or their guardian (if applicable) with the required Notice of Agency Action and Hearing Rights, as described in Policy 1.11.
- K. The division support coordinator shall initiate discharge planning activities sufficient to assure a smooth transition to an alternate Medicaid program or to other services.
 1. The division support coordinator shall document discharge planning activities in the Person's case record.
 2. Discharge planning activities may include coordination with DWS and other Medicaid programs, referral to appropriate community resources, assistance with understanding available benefits and rights, transfer of documentation to receiving entities, and facilitation of service transitions where applicable.