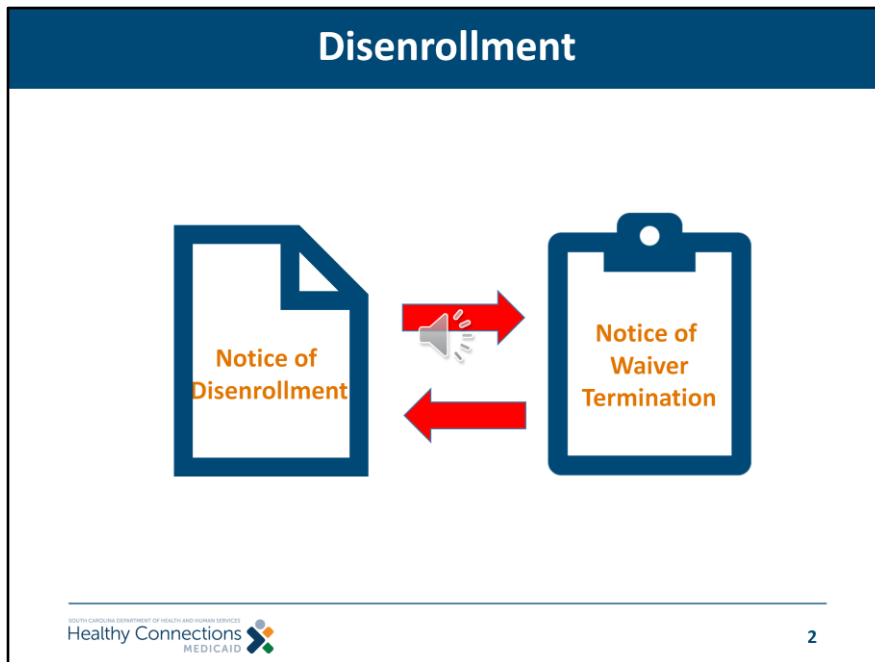




Other Waiver Requirements

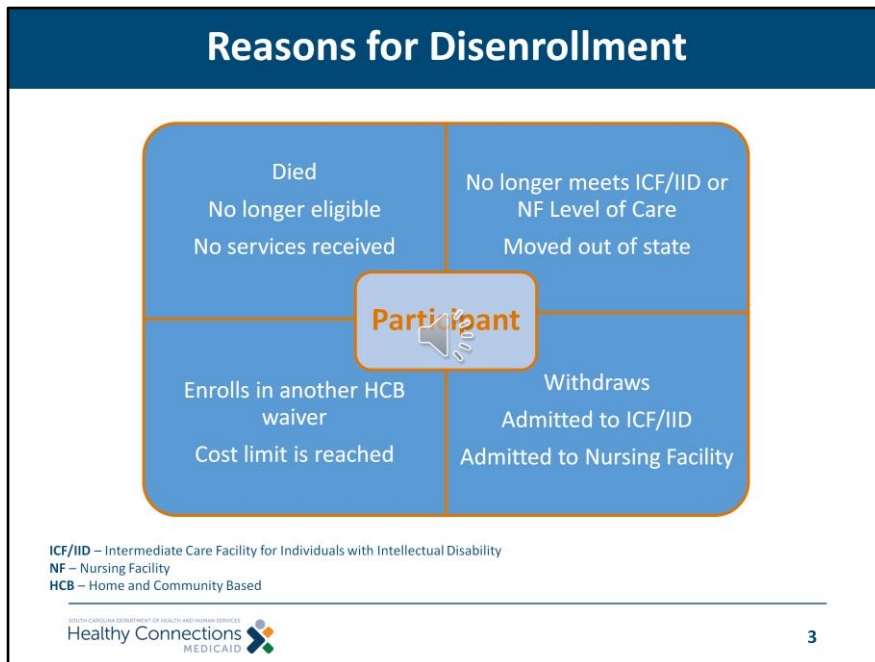
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It will be necessary to disenroll participants from the ID/RD, CS or HASCI Waiver for various reasons. Regardless of the reason for disenrollment, the **Notice of Disenrollment** or **Notice of Waiver Termination Form** must be completed within two (2) working days. The Waiver Case Manager must update the participant's Support Plan to reflect that they are being disenrolled from the waiver.

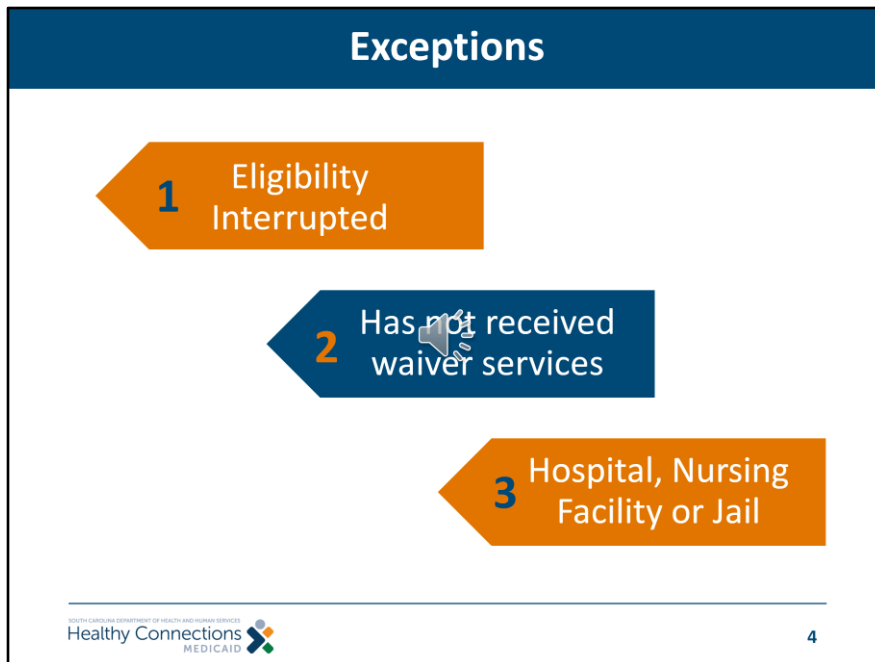
The Waiver Case Manager must forward the completed **Notice of Disenrollment** or **Notice of Waiver Termination Form** to the Waiver Enrollment Coordinator by entering the basic identifying information and checking the box that corresponds with the reason for disenrollment.

The **Notice of Disenrollment** or **Notice of Waiver Termination Form** must be reviewed by a Supervisor and signed by a Supervisor. Once completed, the original, including Reconsideration and Appeals Procedure, must be sent to the participant or his/her representative. Copies of the **Notice of Disenrollment** or **Notice of Waiver Termination Form** must also be sent to the Regional SCDHHS Medicaid Eligibility Worker and maintained in the participant's file.



When completing the **Notice of Disenrollment**, you must note the reason for the disenrollment. Disenrollment may occur because:

- The participant died.
- The participant is no longer eligible for Medicaid as determined by SCDHHS/Eligibility.
- No services have been received in the **sixty (60) calendar days** since enrollment.
- The participant did not receive at least **two (2) waiver services** within **thirty (30) calendar days after the initial 60 days from enrollment**.
- The participant voluntarily withdraws or no longer wishes to receive services funded by the waiver.
- The participant was admitted to an ICF/IID (not for Respite).
- The participant was admitted to a Nursing Facility as a permanent admission.
- The participant no longer meets ICF/IID or NF Level of Care.
- The participant moved out of state.
- The participant enrolls into another HCB waiver or Individual cost limit has been reached.



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**:

The participant's Medicaid eligibility has been interrupted

The participant has not received **at least two (2) waiver service(s)** for thirty (30) calendar days due to provider non-availability or participant's injury/illness.

The participant has entered a hospital/nursing facility/jail for a short term stay that has exceeded 30 calendar days, but will still require ID/RD, CS or HASCI Waiver services once released.

Written Notice

No longer eligible

Death

Moved out of state

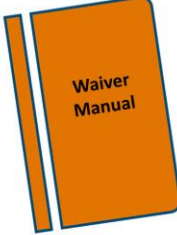
Admitted to ICF/IID

Admitted to Nursing Facility


Hospital/Nursing Facility/Jail

Enrolls in another HCB waiver

Cost limit reached



ID/RD – Intellectual Disability/Related Disabilities
 CS – Community Supports
 HASCI – Head and Spinal Cord Injury



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Medicaid policy requires that waiver participants be given written notice regarding ID/RD, CS and HASCI 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,
- Participant moves out of state,
- Participant is admitted to an ICF/IID,
- Participant is admitted to a Nursing Facility, or
- Participant has been in a hospital/nursing facility/jail in excess of thirty (30) consecutive days
- Participant enrolls into another HCB waiver
- Individual cost limit has been reached.

Be sure to check the appropriate waiver manual for more information and procedural details on waiver disenrollment.

Denial, Reduction, Suspension or Termination

<ul style="list-style-type: none"> -Denial of waiver services -Reduction request -Voluntary Withdrawal 	<p>Suspension due to hospital admission</p>	<p>Enrolls in another HCB waiver</p>
<p>Termination due to:</p> <ul style="list-style-type: none"> -No longer eligible -Death -Moved out of state -Admission to ICF/IID/NF/Jail 	<p>Cost limit reached</p>	

Any time a waiver service is denied, reduced, suspended or terminated, the participant/representative must be given written notice of the action and must be given written notice of the right to request reconsideration/appeal. There is a ten (10) calendar day waiting period (from the date form is completed and sent to the participant/representative) before proceeding with a reduction, suspension or termination.

The following exceptions **do not** require a **ten (10) calendar day** notice before proceeding with the action:

- Denial of waiver service(s), including requests for units beyond established limits
- Participant-requested reduction
- Termination due to loss of Medicaid eligibility
- Voluntary withdrawal
- Termination due to death
- Termination due to move out of state
- Termination due to admission to an ICF/IID/Nursing Facility or Jail
- Suspension of services due to Hospital Admission
- Participant enrolls into another HCB waiver

Individual cost limit has been reached.

Be sure to check the appropriate waiver manual for more information and procedural details on waiver service denial, reduction, suspension or termination.



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