

## PACE / PARTNERSHIP

### MEMBER REQUESTED DISENROLLMENT – INSTRUCTIONS

#### Section A—Member Information

This section is to be completed by the Aging and Disability Resource Center (ADRC) counselor based upon the information in Forward Health prior to meeting with the individual to perform disenrollment counseling. Member information can be obtained in the ForwardHealth Partner Portal by using the iC Functionality – Member Information Tab. This information is shown on pages 4-7 of the Resource Center Supplemental Documentation for Member Eligibility via the Partner Portal which is located under the Information Systems link on the ADRC Professionals web page at <http://www.dhs.wisconsin.gov/LTCare/adrc/professionals/infosys/ResourceCenterSupplementalDocumentation.pdf>. If the individual declines disenrollment counseling, this section should be completed prior to mailing the form to the individual for signature. For more information on how to provide disenrollment counseling please see the ADRC Operational Practice Guide on Disenrollment Counseling at <http://www.dhs.wisconsin.gov/ltcare/adrc/professionals/referencetools/opsguides.htm>.

The individual is prompted on the other side of the form to check the contact information in this section and make any necessary corrections. When Income Maintenance (IM) receives the form showing corrections they will update the information in CARES. If the individual receives SSI, the ADRC counselor should prompt the individual to contact the social security office to update the information.

#### Section B—Disenrollment Information

The individual chooses the date they wish to disenroll from the program. It is important for the ADRC counselor to provide all relevant information to the individual during disenrollment counseling, such as the impact on Medicaid eligibility and how the date effects cost share, to allow the individual to make an informed decision.

The ADRC staff member will fill in the Effective Date of Disenrollment line after performing disenrollment counseling. The date the individual chooses to disenroll from the program may not always be possible as the actual disenrollment date, especially for immediate disenrollment requests. . If an individual wishes to disenroll from a program in less than three business days from the date the form is signed, special arrangements will need to be in place to coordinate between the Managed Care Organization (MCO), ADRC and IM unit to expedite the process.

Medicare benefits under the individual's current PACE or Partnership program will not end until the end of the month. Unless the individual enrolls in another Medicare Advantage plan, the individual will be considered enrolled in Original Medicare on the 1st of the month following their disenrollment date.

#### Section C—Information Completed By

This section is filled out by the ADRC counselor to identify who completed the form, in case there are any questions about the disenrollment.

#### Section D—Optional Agency Use

This section may be used at the discretion of the ADRC

#### Section E—Requesting Disenrollment

This side of the form is to be completed by the individual, either on their own or with the assistance of an ADRC counselor. Completion of any section of this form is completely voluntary with the exception of the signature required in section H. The individual indicates the program they wish to leave, the disenrollment date they would prefer, and whether or not they received disenrollment counseling. They are also asked to verify that the contact information on the front of the form is correct.

#### Section F—Reason for Leaving the Program

In this section the individual indicates all of their reasons for wanting to leave their current program. The first line is for individuals who wish to change programs or MCOs. There is space provided below this option to explain the reasons for wanting to leave the current program.

### **Section G—Grievance, Complaint, Appeal**

An important part of disenrollment counseling is assisting the individual to exercise all his/her rights as members and program participants. Depending upon the nature of the reason for wanting to leave the program, the individual may have the right to file an appeal, and all individuals have the right to file a complaint or grievance. ADRCs can provide assistance to anyone who wishes to file an appeal, complaint or grievance. It will also be important to explain to individuals who may be in the appeal process the consequences of disenrollment prior to completion of the appeal. All MCOs also have Member Rights Specialists who assist members with filing appeals, complaints and grievances. For more information see the MCO and ADRC contracts and technical assistance documents.

### **Section H—Statement of Intent**

Individuals must sign this section of the form to be disenrolled, even if they do not complete any other section.

### **Form Distribution and Routing Information**

Once both sides of the form are completed, the ADRC counselor must route the form to several parties. A copy of the form should be provided to the member, MCO, IM, and the Office for Resource Center Development (ORCD).

The ADRC must retain the originally signed member requested disenrollment form, or an electronically scanned copy of the signed form, on file for seven years in the event of a records request. If the forms are being sent to ORCD electronically, please save the document as 'read only' prior to submission.