

## Disenrollment Counseling

Aging and Disability Resource Centers play a key role in helping individuals access publicly funded long-term care programs and supporting individuals as they reconsider their choice. This document is provided to help ADRCs learn about their role in helping individuals who are considering disenrolling from managed care programs (Family Care, Partnership and PACE) and the self-directed supports program Include, Respect, I Self-direct (IRIS). Individuals may consider disenrollment from publicly funded long-term care programs at any time and for several different reasons. This document will explore key factors that impact these conversations. The decision to disenroll from a publicly funded long-term care program has ramifications and it is important that individuals have the opportunity to think through their current situation and weigh the available options, before proceeding.

### ADRC Disenrollment Counseling Factors to Consider

The following factors are important to include in your discussion with individuals considering disenrollment:

- 1. Reason for disenrollment.** It is essential that staff providing disenrollment counseling have knowledge of the reason or factors that lead the person to consider disenrolling. Individuals may consider disenrolling from publicly funded long-term care programs for a wide variety of reasons. The reasons can range from dissatisfaction with services to complex factors impacting eligibility. Staff providing disenrollment counseling will need to take time to fully understand and explore what factors are leading the individual to consider disenrolling.
- 2. Complaint and grievances.** Staff should inquire if the individual is in the process of a complaint or grievance. Some individuals may be reluctant to file a formal complaint or grievance. ADRC staff need to be aware of these processes and help individuals by providing the necessary contact information. If the individual is enrolled in a managed care program, the individual may want to consider discussing his/her concerns with their respective care team or the Managed Care Organization (MCO) member advocate. Individuals who enroll in IRIS may want to speak to their Independent Consultant (IC), a representative from the Independent Consultant Agency (ICA), or speak with staff from the Bureau of Long-Term Support, IRIS section.

In addition to the information provided above it is important that ADRC staff be aware and share information regarding advocacy resources external to the program. Individuals considering disenrolling may want to access advocacy assistance in addition to the information and support provided by the ADRC. Staff at the ADRC need to be versed in the roles of different advocacy organizations and provide contact information to individuals or assist individuals in connecting directly with these organizations.

- 3. Selecting a different publicly funded long-term care program.** Is the individual interested in exploring other publicly funded long-term care programs? If yes, ADRC staff need to fully explain what other publicly funded long-term care programs the individual may be eligible for and how these programs are different from the current program that the individual is a current participant in. This conversation may be similar to conversations that the individual experienced when first selecting a publicly funded long-term care program. Information contained in the Resource Centered document on Enrollment Counseling (#08-3) may be a helpful reference for staff and provide key information for the individual.

If the individual decides to disenroll from his or her current program and enroll in another publicly funded long-term care program, it will be necessary to complete disenrollment and enrollment processes. A disenrollment date will need to be determined and documented on the disenrollment form. If the individual is choosing to enroll in a new managed care program or in the same managed care program, but a new MCO, the ADRC will assist the individual in completing the enrollment form and communicating this change to the local Income Maintenance unit as well as the MCOs. If the individual is interested in IRIS, the ICA will support the individual through the enrollment process for that program.

- 4. Other program and service options.** If the individual is not interested in or no longer eligible for publicly funded long-term care programs, ADRC staff will want to help the individual explore community based private pay services as well as informal supports. In order to assist the individual in learning about these options it will be important to have an understanding of what current services and supports the individual is receiving. This information should be available directly from the individual or from the MCO or ICA. Conversations with the individual may center on what organizations provide these particular services and supports, frequency of service delivery, what fees or costs are involved and potential funding (i.e., Medical Assistance Card services, if eligible). The individual may want to consider informal supports and volunteer based program. Staff will want to search the information and assistance resource database to identify service providers and provide decision support via options counseling if needed.
- 5. Re-establishing eligibility.** The individual may need information and support to explore re-establishing eligibility. This process may include helping the individual in completing a new Medical Assistance application and obtaining the necessary verifications and supportive documents to meet eligibility requirements. In some instances where payment of cost share was the cause for loss of eligibility, a payment plan may need to be established with the MCO or Financial Services Agency (FSA).

If the eligibility was discontinued due to functional needs and the individual's needs have changed, a long-term care functional screen may need to be completed or it may be necessary to update a current functional screen.

- 6. Implications of disenrollment.** Some individuals receive publicly funded long-term care because of expanded Medicaid home and community based care waiver requirements. Individuals in this situation are not eligible to receive Medical Assistance and will lose their Medicaid eligibility upon disenrollment. It is important that individuals who are voluntarily

disenrolling and are not re-enrolling in another publicly funded long-term care program (Family Care, Partnership or IRIS) are aware that their Medicaid benefit will end. Individuals whose Medicaid coverage is discontinuing will receive official notices to that effect generated through the CARES system.

#### **ADRC Disenrollment Counseling Timeframes**

Specific timeframes directing when ADRCs respond to requests for disenrollment counseling is articulated in the ADRC contract. The following excerpt is from the 2009 ADRC Contract, Exhibit 1, page 25.

Within two business days of receiving a request to disenroll from managed care or IRIS, the Aging and Disability Resource Center shall contact the individual and his or her guardian, where applicable, to offer disenrollment counseling.

The Aging and Disability Resource Center shall offer disenrollment counseling to individuals before they disenroll from an MCO or IRIS. Disenrollment counseling may be provided in a face-to-face meeting or over the telephone, whichever the recipient prefers. Disenrollment counseling shall be provided within five business days of the Aging and Disability Resource Center's initial contact with the individual, unless refused or extended at the request of the individual or his or her guardian.

For additional information on the types of disenrollment, the roles of various systems, partners and the ADRC roles see [Operational Practice Guide on Disenrollment Processing](#).