*For use by Support Coordinators and DDD Staff*

Do not use this form if the individual/legal guardian is requesting to be disenrolled from a DDD program **and** discharged from DDD services. Instead, complete a [Voluntary Discharge from Division Services](https://www.nj.gov/humanservices/ddd/assets/documents/providers/voluntary-discharge-from-ddd-services.docx).

**Instructions**

1. Before submitting a disenrollment request, Support Coordinators should complete a Seeking out Support (SOS) Form for help with program requirement issues or permission to move the Individualized Service Plan (ISP) to Review to Inactive (RI), since disenrollment will require the ISP to be Approved to Inactive (AI).
2. If disenrollment is voluntary, have the individual/legal guardian sign this form or submit a written request by email or USPS mail.
3. Make sure iRecord Notes and Care Management document uploads are up to date.
4. Upload the completed disenrollment request form in iRecord, together with the individual/legal guardian’s written disenrollment request if they provided one; then, notify DDD.SCHelpdesk@dhs.nj.gov using the subject line: **DDD ID#, Program Disenrollment**.

**Notes**

* Individuals who disenroll from a DDD program but are not discharged from DDD services may retain guardianship services from the Bureau of Guardianship Services, as applicable.
* Individuals who disenroll from a DDD program must contact their [Community Services Office](https://nj.gov/humanservices/ddd/about/contactus/communityservices/) Intake Unit if they wish to receive services again in the future.
* When an individual disenrolls from a DDD program, DDD will send a letter to the individual, their legal guardian (if they have one), and their support coordinator and support coordination supervisor. If the individual/guardian appeals the disenrollment, the support coordinator or DDD staff will be expected to testify at a Fair Hearing.

**Exceptions**

In cases where there is potential housing instability or there are health and safety concerns, DDD may determine, even after 30 days of an individual’s psychiatric admission or incarceration and after the ISP was moved to AI, that a support coordination agency still must:

* maintain the individual on their roster and continue their involvement;
* continue monthly monitoring and documentation requirements;
* participate virtually or in person in planning meetings, as requested by jail/hospital staff (if face-to-face visits are not possible, the face-to-face monitoring requirement will be waived); and
* update the ISP as needed related to support needs, outcomes and services.

In such cases, the SCA may use the [Request to Submit Voucher for Payment](https://www.nj.gov/humanservices/ddd/assets/documents/request-to-submit-voucher-for-payment.docx) form to claim for services. For information about the voucher process, visit the [Provider Information](https://www.nj.gov/humanservices/ddd/providers/providerinformation/) webpage.

Waiver Program Disenrollment Request

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| **Identifying Information** |
| Individual’s Name: Enter text.Program Enrollment: Choose an item. | DDD ID: Enter text.DOB: Enter text. |
| Copy and paste the current Medicaid ID# from iRecord: Enter text. |
| Is the individual receiving a DDD-funded service in addition to Support Coordination? | Yes [ ]  No [ ]  |
| If yes, enter the service(s): Enter text. |
| **Reason for the Request (select only one)** |
| *Thoroughly document all discussions in iRecord Notes.* |
|[ ]  1. **Voluntary Disenrollment** *(Signature or written request is required.)*
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| The individual has not received a DDD program service (other than Support Coordination) since **Enter date**.* The Support Coordinator has explained to the individual/legal guardian that to remain in a DDD program, Medicaid requires the individual to receive an ongoing program service (in addition to Support Coordination)
* The Support Coordinator has explored all program service options with the individual/family/legal guardian, and the individual/legal guardian has declined additional services.
* The individual/legal guardian understands they must contact their [Community Services Office](https://nj.gov/humanservices/ddd/about/contactus/communityservices/) Intake Unit if they wish to pursue DDD services again in the future.

**Signature of Individual or Legal Guardian** (Service availability ends effective the signature date)Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *In place of signing this form, the individual/legal guardian may provide a written disenrollment request by email or USPS mail.* |

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|[ ]  1. **Failure to Meet Monitoring Requirements**
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| The individual/legal guardian is not responsive to the support coordination agency’s attempts to contact them and/or they decline quarterly face-to-face visits and/or the annual home visit. The individual does not receive a DDD-funded service, does not live in a DDD-funded setting, and does not receive a Supportive Housing Connection housing subsidy.* The Support Coordination Agency tried multiple times to contact the individual/legal guardian by phone, email, and/or USPS mail, and thoroughly documented those efforts in iRecord Notes.
* The Support Coordination Agency notified the individual/legal guardian that it is their responsibility to allow the Support Coordinator to complete the monitoring requirements described in the Participant Enrollment Agreement and the Participant Statement of Rights and Responsibilities.
* The Support Coordination Agency has communicated to the individual/guardian that the individual will be terminated from the program if they do not allow the Support Coordinator to complete the monitoring requirements.
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|[ ]  1. **Psychiatric Admission**
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| The individual was admitted to a state or county residential psychiatric facility or the psychiatric unit of a general hospital and is not expected to return to the community within 30 days from the date of admission. |
| Name of Facility: Enter text. | Date of Admission: Enter a date. |
|[ ]  1. **Incarceration**
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| The individual was incarcerated and is not expected to return to the community within 30 days from the date of admission. |
| Name of Facility: Enter text. | Date of Admission: Enter a date. |
|[ ]  1. **Medicaid Ineligibility** Date of communication from the Medicaid Eligibility Helpdesk: Enter a date.
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| The DDD Medicaid Eligibility Helpdesk instructed the Support Coordinator to pursue program disenrollment because the individual is unable to establish and maintain Medicaid eligibility.*Enter a summary of the helpdesk instructions into iRecord Notes. (****Do******not*** *copy and paste complete email messages into iRecord Notes.)* |
|[ ]  1. **Other** Enter text.
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| Ongoing issues are well documented in Monitoring Tools and/or iRecord Notes. |
| For any of the above reasons, please provide a detailed explanation so DDD can make an appropriate determination about whether disenrollment is warranted. |

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| Enter text. |

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| **Person Completing this Form** |
| Name and title of the person completing this form: |
| Name: Enter text. | Title: Enter text. |
| Name of individual’s assigned Support Coordinator or DDD Staff Member (if different than above): |
| Name: Enter text. | Title: Enter text. |
| Date: Enter a date. |