

**New Choices Waiver Home and Community Based Program
Special Circumstance Involuntary Disenrollment Notice of Intent
Disenrollment Form DPF-2**

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|-------------------------|--------|
| Program Name: | |
| Program Contact Person: | Phone: |
| Address: | |

| | |
|--|------------------------|
| Client Name: | Medicaid ID#: |
| Phone: | |
| Legal Guardian Name/Family Member: (if applicable) | |
| Phone: | |
| Client Address: | |
| Current Residence while enrolled in program (Check): <input type="checkbox"/> Home <input type="checkbox"/> Apartment <input type="checkbox"/> Supervised Apartment <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Facility <input type="checkbox"/> ICF/MR <input type="checkbox"/> Other: (list) | |
| Date of enrollment: | Date of disenrollment: |

Special Circumstance involuntary disenrollments:

- Participant no longer meets the level of care requirements for the waiver;
- Participant's health and safety needs cannot be met by the waiver program's services and supports;
- Participant has demonstrated non-compliance with the agreed upon care plan and is unwilling to negotiate a plan of care that meets minimal safety standards;
- Participant has demonstrated non-compliance with a signed health and safety agreement with NCW or the CMA;
- Participant, or their legal representative (when applicable), requests a transfer of the participant from one Medicaid waiver program directly to another waiver program; or
- Participant's whereabouts are unknown for more than 30 days, and a decision regarding ongoing financial eligibility from the Department of Workforce Services has not been rendered.

Summarize program interventions to rectify the identified problem, prior to the intended disenrollment decision: (submit corroborating documents)

Horizontal lines for writing program interventions.

Summarize Program discharge planning activities: (submit attachments as necessary)

Horizontal lines for writing program discharge planning activities.

Completed by: _____

Date: _____

Telephone number: _____