

INSTRUCTIONS FOR COMPLETING THE COMPREHENSIVE MEDICAID CASE MANAGEMENT (CMCM) DISENROLLMENT REQUEST

INSTRUCTIONS FOR CMCM AGENCY PROVIDERS: Use the Disenrollment Request Form to disenroll clients from your CMCM agency. **Providers fill in shaded areas on the form.**

1. Fill in the required information for your CMCM agency and for each client you wish to disenroll. Include:
 - ◆ **THRU DATE:** This is the date that the client disenrolled or will disenroll from your agency.
 - ◆ **AUTHORIZED PROVIDER SIGNATURE:** The authorized representative of your agency must sign and date the form. By signing s/he certifies the accuracy of the data submitted.
2. Mail the completed Disenrollment Form to the representative of the Local District Department of Social Services (LDSS) responsible for the client. Include a self-addressed, stamped return envelope with your Disenrollment Forms. **Be sure to keep a copy of the completed Disenrollment Form(s) for your files.**
 - ◆ **Periodically, check to be sure that all requested disenrollments you sent to the LDSS have been returned and show successful disenrollment to your CMCM from the correct “begin date”. If you have not received the returned form within 30 days, or if there is a question concerning the CMCM disenrollment, contact your Local Social Service District worker.**

INSTRUCTIONS FOR LDSS: Fill in non-shaded areas on the Disenrollment Form:

1. When the information submitted is successfully stored in the WMS R/E Subsystem, the “successful Data Entry Transaction Date” should be recorded on the Disenrollment Form.
2. If the information supplied could not be entered into WMS, circle the number corresponding to the “Unable To Process” reason listed at the bottom of the form. If the reason is something other than the available choices, fill in an explanation in the space called “Other” on the Disenrollment Form.
3. **Mail the completed signed and dated form(s) back to the CMCM agency in the provided SASE. Retain a copy of the Disenrollment Form for your records.**

COMPREHENSIVE MEDICAID CASE MANAGEMENT (CMCM) DISENROLLMENT REQUEST

CMCM AGENCY NAME _____ PROVIDER NUMBER _____
 ADDRESS _____ ZIP CODE _____
 CONTACT PERSON _____ PHONE NUMBER(____) _____

CASE MANAGEMENT AGENCY DATA

CLIENT NAME (Last, First)	CLIENT ID (CIN)	CASE NUMBER	SSN	BIRTH DATE	DISENROLL THRU DATE MM/DD/YY
1.					

LDSS: SUCCESSFUL DATA ENTRY Y UNABLE TO PROCESS REASON (CIRCLE ONE) 1 2 3 4 5
 OTHER: _____

CLIENT NAME (Last, First)	CLIENT ID (CIN)	CASE NUMBER	SSN	BIRTH DATE	DISENROLL THRU DATE MM/DD/YY
2.					

LDSS: SUCCESSFUL DATA ENTRY Y UNABLE TO PROCESS REASON (CIRCLE ONE) 1 2 3 4 5
 OTHER: _____

CLIENT NAME (Last, First)	CLIENT ID (CIN)	CASE NUMBER	SSN	BIRTH DATE	DISENROLL THRU DATE MM/DD/YY
3.					

LDSS: SUCCESSFUL DATA ENTRY Y UNABLE TO PROCESS REASON (CIRCLE ONE) 1 2 3 4 5
 OTHER: _____

Provider Certification: Signing this form, the agency attests to the following for each individual listed to enroll in CMCM services: Each client is part of the targeted population and documentation verifying this is in the case record; each client understands the voluntary nature of CMCM and freely accepts services from this agency; and the client's signed statement is in the case record. The agency has asked the client if s/he is enrolled in another CMCM and this agency is satisfied that they are the sole provider of CMCM services.

AUTHORIZED PROVIDER SIGNATURE _____ DATE _____

UNABLE TO PROCESS CODES

1. CURRENT RESTRICTION DISENROLLMENT ALREADY EXISTS.
2. INDIVIDUAL HAS NO MA COVERAGE FOR DISENROLLMENT REQUEST.
3. NO DISENROLLMENT REQUIRED (No Enrollment Record on File).
4. SPECIFIED CLIENT NOT FOUND IN DATA BASE.
5. OTHER (Please give a short explanation for inability to disenroll).

LDSS SIGNATURE _____ R/E Input Date _____ PHONE (____) _____