

SECTION V.5. **Withdrawal, Denial, and Termination Procedures**

A. Voluntary Withdrawal

An applicant may voluntarily withdraw her/his application for Choices for Care (CFC) Moderate Needs services or participation in Moderate Needs services at any time for any reason using the following procedures:

1. The individual shall inform the Case Manager (CM) of her/his decision to withdraw from Moderate Needs services.
2. A Moderate Needs Withdrawal/Termination form must be completed by the case manager and sent to other Moderate Needs providers and the Moderate Needs Coordinator indicating the reason for termination. This form will be submitted within 10 calendar days of the date of withdrawal or termination of services.
3. For Moderate Needs participants withdrawing from services, Moderate Needs Coordinator will forward a copy of the Withdrawal/Termination Notice to DCF Central Office.
4. For individuals who wish to suspend services for 60 days or less due to a Vermont Medicaid-funded stay at a nursing or rehabilitation facility with the intent of returning to the Moderate Needs program, the provider may choose to suspend services. They must follow the Reinstatement Procedures located in Section V.1.

B. Denials and Terminations

New applicants may be denied eligibility and active participants may be terminated from Moderate Needs services for the following reasons:

1. Clinical ineligibility: The CM will screen the applicant for clinical eligibility using the ILA Intake and Clinical Eligibility Worksheet. If the applicant does not meet the eligibility criteria the CM will send all necessary information to the Moderate Needs Coordinator. Moderate Needs Coordinator shall review the information and if the applicant is determined to be ineligible, Moderate Needs Coordinator will send the applicant a written notice with appeal rights.

If the provider believes the applicant is clinically eligible and Moderate Needs Coordinator determines that the applicant is clinically ineligible, Moderate Needs Coordinator will send the applicant a notice with appeal rights and copy the CM and providers.

2. Financial ineligibility: The CM will screen the applicant for financial eligibility using the Financial Eligibility Worksheet. If the applicant does not meet the eligibility criteria the CM shall send the Moderate Needs Coordinator all necessary information. Moderate Needs Coordinator shall review the information and if the applicant is

determined to be ineligible, Moderate Needs Coordinator will send the applicant a written notice with appeal rights.

If the CM believes the applicant is financially eligible and Moderate Needs Coordinator determines that the applicant is financially ineligible, Moderate Needs Coordinator will send the applicant a notice with appeal rights and copy the CM and providers.

Moderate Needs services and/or participation will be terminated under the following circumstances:

- Participant death
- Permanent move out of state
- Temporary stay out of state-exceeding 60 continuous days
- Provider termination of services: In limited situations, a Moderate Needs provider may terminate services for the following reasons:
 - i. Dangerous environment placing staff at risk of harm.
 - ii. Behaviors in a group environment that are not easily alterable and are disruptive to the group.
- Participant enrolling onto Choices for Care High or Highest Needs Group
 - i. This date must coordinate with the DAIL Long Term Care Clinical Coordinator's service plan start date. *This will be the day before the High or Highest Needs Group Service Plan begins.*

It is expected that the provider will make all reasonable attempts to remedy the situation prior to termination of services. Efforts may include, but are not limited to, negotiated risk contracts, involvement of Adult Protective Services, family care conferences, and interdisciplinary team meetings. Efforts must be clearly documented and the provider must contact Moderate Needs Coordinator and the case manager (when applicable), prior to termination. Once a decision to terminate services has been made, the provider must send a written notice to the individual and Moderate Needs Coordinator explaining the reasons for termination. Providers must follow their Agency policies or regulations when terminating services.

If **the provider** has terminated services and the individual is **not** receiving other Moderate services (excluding case management) the individual will be terminated from Moderate Needs services 30 days after services were ended. The provider must consult with Moderate Needs Coordinator and CM prior to termination. A "Moderate Needs Withdrawal/Termination" must be completed by the Case Manager and sent to Moderate Needs Coordinator and all service providers. Moderate Needs Coordinator will forward a copy of the form to DCF Central Office staff.