

Notice of Disenrollment Rights

Disenrollment from SWH of NY

You will not be disenrolled from the MLTC plan based on any of the following reasons:

- High utilization of covered medical services
- An existing condition or a change in your health
- Diminished mental capacity or uncooperative or disruptive behavior resulting from your special needs unless the behavior results in your becoming ineligible for MLTC

Voluntary disenrollment

You can ask to leave SWH of NY at any time for any reason.

To request disenrollment, call 1-877-353-0185 (TTY/TDD: 711) or you can write to us. The plan will provide you with written confirmation of your request. We will include a voluntary disenrollment form for you to sign and send back to us. It could take up to six weeks to process, depending on when your request is received.

You may disenroll to regular Medicaid or join another health plan as long as you qualify. If you continue to require Community Based Long Term Care (CBLTC) services, like personal care, you must join another MLTC plan, Medicaid Managed Care plan or Home and Community Based Waiver program, in order to receive CBLTC services.

Involuntary disenrollment

An involuntary disenrollment is a disenrollment initiated by SWH of NY. If you do not request voluntary disenrollment, we must initiate involuntary disenrollment within five (5) business days from the date we know you meet any of involuntary disenrollment reasons.

You will have to leave SWH of NY, if you:

- No longer are Medicaid eligible;
- Permanently move out of the (SWH of NY) service area;
- Are out of the plan's service area for more than 30 consecutive days;
- Need nursing home care, but are not eligible for institutional Medicaid;
- Are hospitalized or enter an Office of Mental Health, Office for People with Developmental Disability or Office of Alcoholism and Substance Abuse Services residential program for forty-five (45) consecutive days or longer;
- Are assessed as no longer having a functional or clinical need for community-based long term care (CBLTC) services on a monthly basis;
- Have Medicaid only and no longer meet the nursing home level of care as determined using the designated assessment tool;
- Are receiving Social Day Care as your only service;

- No longer require, and receive, at least one CBLTC services in each calendar month;
- At point of any reassessment while living in the community, you are determined to no longer demonstrate a functional or clinical need for CBLTC services;
- Have been incarcerated; or
- Provide the plan with false information, otherwise deceive, or engage in fraudulent conduct with respect to any substantive aspect of your plan membership

We can ask you to leave SWH of NY if you:

- Or family member or informal caregiver or other person in the household engages in conduct or behavior that seriously impairs the plan's ability to furnish services
- Fail to pay, or make arrangements to pay, the amount money, as determined by the Local Department of Social Services, owed to the plan as spenddown/surplus within 30 days after amount first becomes due. We will have made reasonable effort to collect.

Before being involuntarily disenrolled, SHW of NY will obtain the approval of New York Medicaid Choice (NYMC) or entity designated by the State. The effective date of disenrollment will be the first day of the month following the month in which you become ineligible for enrollment. If you continue to need community-based long term care services, you will be required to choose another plan or you will be automatically assigned (auto-assigned) to another plan.