

Department of Human Services

Division of Aging Services
Office of Community Choice Options

Unable to Contact/Inaccessible Member
Request for MLTSS Disenrollment

Send all MLTSS unable to contact/inaccessible forms to Doas.Trenton@dhs.state.nj.us for processing.
All sections with an * are required information. If they are not filled out the form will not be processed and returned.

Form with fields: *Date of Request, *MCO Name, *Participant Name, *Medicaid Number, *Participant Phone #, *Date of Birth, *Participant Address, *Participant's Legal Representative's Name, Relation, Phone Number (if applicable), *MCO Care Manager Name, *Phone #, *MCO Supervisor Name, *Phone Number.

Note this process does not include individuals who are known to have expired; (Article 5) erroneously enrolled into MCO while in an inpatient Hospital setting, or wish to switch MCO plans.

I, as the MLTSS Care Manager, have taken the following steps in investigating and reporting Unable to contact/Inaccessible events and was unable to contact the Member for the reason checked below:

- *Unable to contact shall be defined as an MLTSS Member who is absent, without notification, from any program or service offered under MLTSS and the Contractor, its staff Members, including Care Managers, or its contracted MLTSS providers are unable to identify the location of the Member using contact information available in the Member's Care Management record (MCO contract section 9.3.5).
*Inaccessible shall be defined as a newly enrolled MLTSS Member who is absent or inaccessible for the initial contact with the Contractor, its staff Members, including Care Managers, using all contact information available to the Contractor by the state (MCO contract section 9.3.6).
*Unable to contact due to moved out of state (Articles 5 and 9) shall be defined as an MLTSS Member who is absent, with notification due to moving out of the State of New Jersey for more than 30 days. I as a representative of the Managed Care Company certify that outreach to providers has occurred and a query of Medicaid/MLTSS services was completed and member has not been authorized for, or received any Medicaid services for the last 30 days.

(MCO Designee Signature Certifying query) (Date)

*The following actions have been taken (check all that apply):

- Notified Office of Public Guardian (OPG), Bureau of Guardian Services (BGS) or authorized representative (specify Name/ phone #).
Unable to contact event is reported by a contracted MLTSS provider. The Member's MLTSS Care Manager attempted contact to ascertain the safety of the Member, following emergency outreach protocol.
The individual could not be contacted using all outreach methods; local law enforcement notified.
Attempts to contact the Member remain unsuccessful; a Critical Incident Report was filed.
All attempts at contact, including method of outreach, time and outcome were all documented in the Member's electronic Care Management record.
There has been no contact within 30 calendar days from the initial attempt at outreach.

(MCO Care Manager Supervisor Signature) (Date)

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For State Use ONLY:

*Participant Name: _____

*Medicaid Number: _____

Date of Birth: _____

OCCO Date of Receipt: _____

Date of Clinical Termination: _____

Date Notifications sent: _____

MLTSS disenrollment due to member reported to Move out of the State of NJ for more than 30 days. MCO is certifying that no Medicaid authorizations or claims have been made in the last 30 days. Requesting CWA send a financial redetermination notification to verify continued Medicaid Financial Eligibility. If individual responds and has continued Medicaid eligibility please notify the Division of Aging Services at Doas.Trenton@dhs.state.nj.us

DMAHS Managed Care Account Coordinators Unit: Managedcare.Accounts@dhs.state.nj.us

DMAHS County Operations Office: David.Powers@dhs.state.nj.us