



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712  
Trenton, NJ 08625-0712

CHRIS CHRISTIE  
*Governor*

JENNIFER VELEZ  
*Commissioner*

KIM GUADAGNO  
*Lt. Governor*

VALERIE HARR  
*Director*

**MEDICAID COMMUNICATION NO. 13-09**

**DATE: November 15, 2013**

**TO:** County Welfare Agency Directors  
Medicaid Supervisors

**SUBJECT:** Revised CP-2 (Long Term Services and Supports) Form, and Procedures Review of CP-5 (Notice of Program Enrollment) and CP-23 (Notice of Program Disenrollment) Forms

### **BACKGROUND:**

The County Welfare Agency (CWA) uses the CP-2 form to: **(1)** make a referral to the local Area Agency on Aging/Aging and Disability Resource Connection (AAA/ADRC) for individuals residing in the community and who are seeking placement in nursing facilities (NFs), Assisted Living (AL) residences or Home and Community-Based Services (HCBS) Waiver programs; **(2)** refer to the Office of Community Choice Options (OCCO) involving individuals residing in Nursing or Assisted Living facilities and who are potentially or currently Medicaid eligible or are converting from private pay to Medicaid and are within a six-month spend-down of resources; **(3)** make a referral to the AAA/ADRC for those consumers potentially eligible to participate in the Fast Track program; and; **(4)** verify the most current financial information as well as Medicaid eligibility when NF residents are being transitioned to the community with Waiver services.

The initial CP-2 referral form must always include a physician-completed PA-4 form. **As the CWA caseworker begins to process financial eligibility, these forms must be sent to the appropriate office either AAA/ADRC or OCCO, as indicated in the paragraph above.** This new process will provide better coordination between financial and clinical eligibility dates. If the case has incurred a penalty period or has had a financial eligibility determination a second CP-2 form must be sent to the OCCO. This second CP-2 will allow the OCCO to take appropriate action on these cases. The Division of Aging Services will track the penalty cases and send the CWA a CP-5 informing the CWA when to add the Special Program Code 32. CWA workers should **not** add the Special Program Code without a CP-5 Enrollment Form. A listing of AAA/ADRCs is attached to this Medicaid Communication for your reference.

The goal of the Department of Human Services (DHS) is to improve access to services for consumers by streamlining the process and expediting eligibility. As the CWA is the only entity with the knowledge and access to provide 'real time' evidence

via the CP-2 form, its usage can help prevent errors that adversely affect consumers seeking eligibility to services as well as timely access to them.

**CP-2 Form revisions include:**

**Penalty Case Box (Top Right)**

The penalty box identifies those cases that are being referred for Pre-Admission Screening (PAS) in order to start the penalty period. The CWA case worker must include the dates of the penalty in this box. Include the months and days of the penalty

**Financial Information Section**

The Financial section was revised to reflect all types of financial eligibility such as those in spend-down and with Supplemental Security Income (SSI).

**A NF Transition Box**

The NF Transition Box was added and highlighted to verify continued income and resource financial eligibility for current Medicaid beneficiaries residing in a NF and being discharged into a community placement, with Home and Community Based Waivered Services.

**A Participant Information Section**

This section was expanded to clearly identify programs in which the consumer is interested. Selections of Program of All-Inclusive Care for the Elderly (PACE), Medicaid managed care and other programs were added as individual categories to ensure that appropriate referral and assessment protocols are followed.

A check box was added for consumers enrolled in a special program, including hospice, to identify proper eligibility and enrollment in other programs.

**CP-5 and CP-23 ENROLLMENT/DISENROLLMENT FORMS:**

The CP-5 is sent to the CWA from the OCCO. This form serves as a notice to the CWA to enter a Special Program Code (SPC) and an enrollment date on the Medicaid Eligibility System (MES) allowing a person to participate in home and community-based programs.

The CP-23 serves as an official notification to the CWA that the recipient is no longer participating in the Waiver program. The CWA caseworker must terminate the Special Program Code using the disenrollment date indicated on the CP-23 form. The CWA caseworker shall evaluate the financial eligibility of the recipient to determine if the person qualifies for New Jersey Care...Special Medicaid programs as this would be the only program the recipient could qualify for when not in a nursing home or participating in a Waiver program. If there is no eligibility for Medicaid then the case is terminated and the recipient is sent the appropriate notices.

Upon receipt of the CP-5 or CP-23 forms, it is imperative that the CWAs prepare and submit the appropriate Medicaid status file input documents in accordance with related

operational procedures. Delay in entering eligibility and special program code segments can affect the delivery of Waiver program services to the recipients. Conversely, a delay in terminating these cases can cause incorrectly paid benefits which would include managed care capitation payments.

**PROCEDURE:**

Attached to this Medicaid Communication are copies of the newly revised CP-2 form and current instructions as well as the CP-5 and CP-23 forms. The instructions have been prepared by the Department of Human Services, Division of Aging Services to explain the use of the CP-2 form which must be completed and concurrently processed for financial and clinical eligibility when an individual, as described above, is seeking Medicaid Long Term Services and Supports (LTSS). Again, the goals are to streamline the process, expedite eligibility and improve access to services. Whenever possible, the CWA shall use computer systems to secure the most current financial information as well as other required verifications.

Should you have any questions, please contact the Trenton Central Office of Community Choice Options at (609)–943-4978.

Sincerely,

A handwritten signature in blue ink that reads "Valerie Harr". The signature is written in a cursive, flowing style.

Valerie Harr  
Director

VH:p

c: Jennifer Velez, Commissioner  
Department of Human Services

Allison Blake, Commissioner  
Department of Children and Families

Mary E. O'Dowd, Commissioner  
Department of Health

Dawn Apgar, Deputy Commissioner  
Department of Human Services

Lowell Arye, Deputy Commissioner  
Department of Human Services

Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services

Liz Shea, Assistant Commissioner  
Department of Human Services

Joseph Amoroso, Director  
Division of Disability Services

Jeanette Page-Hawkins, Director  
Division of Family Development

Nancy Day, Deputy Director  
Division of Aging Services

DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING SERVICES  
**INSTRUCTIONS FOR THE  
LONG TERM CARE REFERRAL (CP-2) FORM**

**Referral Process for CWA**

The County Welfare Agency (CWA) uses a CP-2 form to refer to the **AAA/ADRC** individuals residing in the community who are seeking Nursing Facility (NF), Assisted Living (AL) residences or Waiver programs who are potentially or currently Medicaid eligible or are converting from private pay to Medicaid. The CP-2 will also be used by the CWA to refer and verify Medicaid eligibility when referring NF residents who are transitioning out of the NF into the community and are requesting Waiver services. The CP-2 referral form will serve as verification of financial eligibility and should always include a physician completed PA-4 form.

Referrals need to be made if one of the following scenarios occurs:

1. Consumers seeking long term services and supports (LTSS) who, upon initial intake, appear eligible for an expedited process. The CP-2 referrals to the AAA/ADRCs will be sent prior to and while the verification and validation process of financial eligibility is being determined.
2. Consumers seeking LTSS who do not meet any of the above requirements, but can benefit from home and community based services (HCBS) that can potentially be provided by other federal, state or locally funded programs.

**FORMS INSTRUCTIONS:**

**ADRC REFERRALS: (Community Case)**

1. Upon initial receipt of a case , CWA worker must complete the entire top part of the CP-2 form including the location of the Office of Community Choice Options (OCCO) Regional Office (Northern, Central or Southern) as well as the referral source (CWA) and name of the person making the referral.
2. A Medicaid number must be on the form. A PA-4 is required for all NF and Waiver referrals, including AL.
3. The CP-2 referral form can be faxed or emailed to the local AAA/ADRC designated staff, where it will be processed for screening, initial options counseling and assessment
4. Once a financial determination is made a second CP-2 is sent to the OCCO. This CP-2 will indicate if there is a penalty period( months and days) or that the case is ready to enroll in the Waiver..
5. The OCCO will send a CP-5 indicating the Waiver enrollment date. If there is a penalty period the OCCO will issue a CP-5 to the CWA just prior to the expiration of the penalty period.

**OCCO REFERRALS: (Nursing Facility)**

1. CWA worker must complete the first page of the form including the location of the OCCO Regional Office (Northern, Central or Southern) as well as the referral source (CWA) and name of the person making the referral.
2. **The CWA worker will complete and mail/fax a CP-2 form along with the PA-4 to the Office of Community Choice Options( OCCO) upon initial receipt of the case.**
3. A Medicaid number must be on the form. The resident's date of financial eligibility and income must be recorded in the financial section.
4. The CWA worker must also check the appropriate box in the participant information section indicating interest in either a community-based Waiver or NF placement.
5. If an individual is currently in a NF, include the admission date.

PAM

List; Area Agencies on Aging

11/18/13

DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING SERVICES

6. A PA-4 is necessary for all NF and Waiver referrals, including AL.

The CP-2 referral form can be faxed or emailed to the appropriate OCCO Regional office designated staff, where it will be processed for level of care assessment

**For NF Transitions Only**

Persons being discharged to community on Waiver or community programs

- A. OCCO will forward a completed CP-2 form, minus the financial information, to the CWA to verify that an individual that is being discharged to the community from a NF on a Medicaid Waiver is financially eligible.
- B. The CWA completes the Financial Section of the CP-2 form and returns it to OCCO within three business days.

**Fast Track Referral from CWA**

When a CWA worker wants to refer a consumer for Fast Track, the CP-2 will serve as a referral form. The CWA worker will check the appropriate Fast Track box selection in the participant information section and must follow Medicaid Communication No. 09-06 which states:

- 1. The CWA worker will complete and forward to the ADRC Support System Designee an INITIAL CP-2 to refer a consumer that appears to be eligible for Fast Track while his/her financial application is being processed.
- 2. The CWA worker will complete a clearly marked FINAL CP-2 and forward to the respective OCCO Regional Office with the completed information section to confirm the financial eligibility/ineligibility determination.

**Information:**

**The email addresses and fax number for the OCCO are as follows:**

**Essex – [csessexltcfo@dhs.state.nj.us](mailto:csessexltcfo@dhs.state.nj.us) FAX 973-693-5046**

**Middlesex – [csmiddlesexltcfo@dhs.state.nj.us](mailto:csmiddlesexltcfo@dhs.state.nj.us) FAX 732-777-4681**

**Atlantic – [csatlantictcfo@dhs.state.nj.us](mailto:csatlantictcfo@dhs.state.nj.us) FAX 609-704-6055**

DEPARTMENT OF HUMAN SERVICES DIVISION OF AGING SERVICES  
**Office of AAA Administration**  
PO Box 807  
Trenton, NJ 08625-0807

**AREA AGENCIES ON AGING**



**ADRC**  
**1 (877) 222-3737**

◆ **Atlantic** County Division  
of Intergenerational Services  
Marilu Gagnon, Division Director  
Shoreview Building, Office #222  
101 South Shore Road  
Northfield, NJ 08225  
609-645-7700, ext.4700  
**Fax: (609) 645-5940**  
**Email: [gagnon\\_marilu@aclink.org](mailto:gagnon_marilu@aclink.org)**

◆ **Bergen** County Division of Senior Services  
Lorraine Joewono, Executive Director  
One Bergen County Plaza, 2<sup>nd</sup> Floor  
Hackensack, NJ 07601-7000  
**(201) 336-7400**  
**Fax: (201) 336-7424**  
**Email: [ljoewono@co.bergen.nj.us](mailto:ljoewono@co.bergen.nj.us)**

◆ **Burlington** County Office on Aging  
Jeanne Borkowski, Executive Director  
49 Rancocas Road  
PO Box 6000  
Mount Holly, NJ 08060  
**(609) 265-5069**  
**Fax: (609) 265-3725**  
**Email: [jborkowski@co.burlington.nj.us](mailto:jborkowski@co.burlington.nj.us)**

◆ **Camden** County Division of  
Senior & Disabled Services  
Maureen Bergeron, Executive Director  
512 Lakeland Ave. 4th fl.  
Blackwood, NJ 08012  
**(856) 858-3220**  
**Fax: (856) 401-6405**  
**Email: [maureenb@camdencounty.com](mailto:maureenb@camdencounty.com)**

◆ **Gloucester** County Division of Senior  
Services  
Anna Docimo, Executive Director  
115 Budd Blvd.  
West Deptford NJ, 08096  
**(856) 384-6900**  
**Fax: (856) 686-8344**  
**Email: [adocimo@co.gloucester.nj.us](mailto:adocimo@co.gloucester.nj.us)**

◆ **Hudson** County Office on Aging  
Sandra Vasquez, Executive Director  
595 County Avenue, Building #2  
Secaucus, NJ 07094  
**(201) 369-4313**  
**Fax: (201) 369-4315**  
**[svasquez@hcnj.us](mailto:svasquez@hcnj.us)**

DEPARTMENT OF HUMAN SERVICES ▽ DIVISION OF AGING SERVICES

◆ **Hunterdon County Division of Senior, Disabilities and Veterans' Services**

Laine Nauman, Executive Director  
PO Box 2900

Flemington, NJ 08822-2900

**(908-788-1267, 1362 & 1363**

**Fax: (908) 806-4537**

**Email: [lnauman@co.hunterdon.nj.us](mailto:lnauman@co.hunterdon.nj.us)**

◆ **Mercer County Office on Aging**

Eileen E. Doremus, Executive Director  
PO Box 8068

640 South Broad Street

Trenton, NJ 08650

**(609) 989-6661 & 6662**

**Fax: (609) 393-2143**

**Email: [edoremus@mercercounty.org](mailto:edoremus@mercercounty.org)**

◆ **Middlesex County Office of Aging and Disabled Services**

Laila Caune, Executive Director

John F. Kennedy Square, 5<sup>th</sup> Floor

New Brunswick, NJ 08901

**(732) 745-3295**

**Fax: (732) 246-5641**

**Email: [laila.caune@co.middlesex.nj.us](mailto:laila.caune@co.middlesex.nj.us)**

◆ **Monmouth County Division on Aging, Disabilities & Veterans Services**

Michael T. Ruane, Executive Director

21 Main and Court Center

Freehold, NJ 07728

**(732) 431-7450**

**Fax: (732) 303-7649**

**Email: [michael.ruane@co.monmouth.nj.us](mailto:michael.ruane@co.monmouth.nj.us)**

◆ **Morris County Division on Aging, Disabilities and Veterans**

Theresa Davis, Executive Director

340 West Hanover Avenue, Ground Floor

PO Box 900

Morristown, NJ 07963-0900

**(973) 285-6848**

**Fax: (973) 285-6883**

**Email: [divaging@aol.com](mailto:divaging@aol.com)**

◆ **Ocean County Office of Senior Services**

Jane Maloney, Executive Director

PO Box 2191

Toms River, NJ 08754-2191

**(732) 929-2091**

**Fax: (732) 506-5019**

**Email: [jmaloney@co.ocean.nj.us](mailto:jmaloney@co.ocean.nj.us)**

◆ **Passaic County Department of Senior Services, Disabilities and Veterans' Affairs**

Mary Kuzinski, Executive Director

930 Riverview Drive, Suite #200

Totowa, NJ 07512

**(973) 569-4060**

**Fax: (973) 256-5190**

**Email: [maryk@passaiccountynj.org](mailto:maryk@passaiccountynj.org)**

◆ **Salem County Office on Aging**

Sherri Hinchman, Executive Director

98 Market Street

Salem, NJ 08079

**(856) 339-8622**

**Fax: (856) 339-9268**

**Email:**

**[sherri.hinchman@salemcountynj.gov](mailto:sherri.hinchman@salemcountynj.gov)**

◆ **Somerset County Aging and Disability Services**

Joanne Fetzko, Executive Director

Somerset County Office on Aging & Disability Services

27 Warren Street, First Floor

P.O. Box 3000

Somerville, NJ 08876-1262

**(908) 704-6346**

**Toll Free: 1 (888) 747-1122**

**Fax: (908) 595-0194**

**Email: [fetzko@co.somerset.nj.us](mailto:fetzko@co.somerset.nj.us)**

◆ **Sussex County Office on Aging**

Lorraine Hentz, Executive Director

Sussex County Administration Building

1 Spring Street, 2<sup>nd</sup> Floor

Newton, NJ 07860

**(973) 579-0555**

**Fax: (973) 579-0550**

**Email: [lhentz@sussex.nj.us](mailto:lhentz@sussex.nj.us)**



DEPARTMENT OF HUMAN SERVICES ∪ DIVISION OF AGING SERVICES

◆ **Union** County Division on Aging  
Fran Benson, Executive Director  
Administration Building  
Elizabeth, NJ 07207  
**908-527-4867 or 69**  
**Fax: 908-659-7410**  
**Email: [fbenson@ucnj.org](mailto:fbenson@ucnj.org)**

◆ **Warren** County Division of Aging &  
Disability Services  
Susan Lennon, Executive Director  
Wayne Dumont Jr. Administration Building  
165 County Road, Suite #245  
Route 519 South  
Belvidere, NJ 07823-1949  
**(908) 475-6591**  
**Fax: (908) 475-6588**  
**Email: [slennon@co.warren.nj.us](mailto:slennon@co.warren.nj.us)**

**New Jersey Department of Human Services  
LONG TERM SERVICES AND SUPPORTS REFERRAL CP-2**

<input type="checkbox"/> Penalty Case
Length of Penalty Period
Months: _____ Days: _____

To	OCCO Regional Office or AAA/ADRC Location	Date
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From (Agency Name/Care Management Site/NF Provider/CCC)

Name of Caseworker/CM/D/C Planner	Title	Telephone Number
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Name of Participant	Date of Birth	Medicaid No./JACC No.
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Participant Address	Telephone Number	SSN
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Caregiver/Authorized Representative: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Work/Home): \_\_\_\_\_

E-mail: \_\_\_\_\_

**FINANCIAL INFORMATION**

Initial Referral     Final Financial Determination

Check appropriate box, indicating date of financial eligibility determination and monthly gross income:

<input type="checkbox"/> Medicaid Application	Date: _____	Income Amount: \$ _____
<input type="checkbox"/> Medicaid Eligible	Date: _____	Income Amount: \$ _____
<input type="checkbox"/> SSI	Date: _____	Income Amount: \$ _____
<input type="checkbox"/> Potentially Medicaid Eligible (180 days)	Date: _____	Income Amount: \$ _____

**FOR NF TRANSITIONS - CWA VERIFIES FINANCIAL ELIGIBILITY FOR WAIVER PROGRAM PARTICIPATION:**

Name of CWA Employee: \_\_\_\_\_ Verification Date: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Participant and Family interested in:

Community-Based Waiver Program

JACC     GO     ADHS     PACE

Section Q Options Counseling

Medicaid Nursing Facility Placement

PA-4 Sent       PA-4 Given      Date: \_\_\_\_\_      To: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Previous Program/Waiver Enrollment: \_\_\_\_\_

Participant's Location at this Time:

Own Home       Assisted Living Facility       Hospital

Relative's Home       Residential Health Care Facility       Nursing Home

Other (specify): \_\_\_\_\_

Date Admitted: \_\_\_\_\_ Planned Discharge Date: \_\_\_\_\_ Days \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Participant	Medicaid No./JACC No.
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**PARTICIPANT INFORMATION, Continued**

Participant is currently eligible for or receiving:

HIC Medicare Number: \_\_\_\_\_  Part A  Part B  Part D  
 Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program  
 Medicaid Managed Healthcare  
 Other Insurance:  
Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
 Other Governmental Programs (specify): \_\_\_\_\_  
 Community Services (specify): \_\_\_\_\_  
Is the client enrolled in any other Special Program, including Hospice?  Yes  No

**OPTIONS COUNSELING SECTION**

Complete for Programs:

JACC  PACE  GO  ADHS  Other (specify): \_\_\_\_\_

Participant/Family have been advised of and clearly understand:	Comments
Overview of Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Financial Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Medical Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Services Available and Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
No Retroactive Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cost: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Other Pertinent Information:

(Family members or other significant persons who request to be present at the assessment; psychological/physical disabilities which would make participant interviewing difficult; foreign primary language; where the participant wants to receive services; participant/ family expectation of the long-term care programs)

Other Pertinent Information:

(Family members or other significant persons who request to be present at the assessment; psychological/physical disabilities which would make participant interviewing difficult; foreign primary language; where the participant wants to receive services; participant/ family expectation of the long-term care programs)

Authorized Signature

Telephone Number

Fax Number

Date

SSI

New Jersey Department of Health and Senior Services  
NOTICE OF PROGRAM DISENROLLMENT

CP-23

To: \_\_\_\_\_ Date: \_\_\_\_\_  
CWA/Board of Social Services/Office of Community Choice Options (OCCO), if on SSI

From: \_\_\_\_\_  
 OCCO Field Office Manager  PACE Provider

\_\_\_\_\_  
Address

**This is to advise you that the individual identified below has been enrolled in the noted Medicaid Waiver Program or PACE. Please prepare and submit the appropriate Medicaid Status File input documents in accordance with related Operational Procedures.**

Participant Name:	Medicaid Number:
Street Address:	Social Security Number:
City, State, Zip Code:	Date of Birth:

<b>ENROLLMENT DATE:</b> _____ <input type="checkbox"/> Fast Track								
Check One:								
<table> <tr> <td>Program of Enrollment</td> <td>Special Program Code</td> </tr> <tr> <td><input type="checkbox"/> GO - Global Options.....</td> <td>(32)</td> </tr> <tr> <td><input type="checkbox"/> PACE.....</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> Other: .....</td> <td>( )</td> </tr> </table>	Program of Enrollment	Special Program Code	<input type="checkbox"/> GO - Global Options.....	(32)	<input type="checkbox"/> PACE.....	N/A	<input type="checkbox"/> Other: .....	( )
Program of Enrollment	Special Program Code							
<input type="checkbox"/> GO - Global Options.....	(32)							
<input type="checkbox"/> PACE.....	N/A							
<input type="checkbox"/> Other: .....	( )							

Care Management/PACE Site: \_\_\_\_\_

SPECIAL CONSIDERATIONS FOR OFFICE OF COMMUNITY CHOICE OPTIONS (OCCO)	
Does this client have a Medicaid Managed Health Care (HMO):	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*If so, date of disenrollment from HMO: _____	
Does this client have Supplemental Security Income (SSI):	<input type="checkbox"/> Yes** <input type="checkbox"/> No
*If so, indicate the date that the Special Program Code was entered: _____	

Please call this office at \_\_\_\_\_, if you have any questions.

Name of OCCO FOM or PACE Administrator (Print)	Signature
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- c:
- Participant
  - Contact Person
  - Care Management Site
  - AL/AFC Provider
  - PACE Provider Organization
  - OCCO File

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 CWA / Board of Social Services (CP-23 not sent to CWA if on SSI)  
 DHSS Regional Office, Office of Community Choice Options (OCCO)

From:

Care Manager     OCCO Field Office Manager (FOM)     PACE Administrator

Address

Phone

**This notice advises you that the individual identified below has been disenrolled from a Medicaid Waiver Program, Global Options, or PACE, as specified below. Please prepare and submit the appropriate Medicaid Status File input documents in accordance with related Operational Procedures.**

Name:	Medicaid No.:
Street Address:	Disenrollment Date:
City, State, Zip Code:	Participant Receives SSI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> GO <input type="checkbox"/> PACE <input type="checkbox"/> Other, Specify: _____	

**Reason(s) for Disenrollment:**

- Participant is deceased.    Date of Death: \_\_\_\_\_
- Participant has chosen to reside in a nursing facility for long-term care or hospice services.
- Participant no longer meets the clinical eligibility criteria for nursing facility level of care under the New Jersey Medicaid Program in accordance with N.J.A.C. 8:85-2.1.
- The services required by the participant to be adequately cared for under the program specified above are not available in the program.
- Participant has resided out of the service area for more than 30 days without prior authorization.
- Participant voluntarily withdraws from the program specified above, for the reason(s) indicated:
  - The services do not meet my needs
  - I want to receive services in an institutional setting, and I would like the Office of Community Choice Options to assist me. I understand that I will continue to receive services under the Waiver program or PACE program until I enter an appropriate setting.
  - I have been counseled on benefits for which I may be eligible and meet my needs.
  - Other: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

- Participant never received services under the program, including care management.
- Participant refuses to accept two Waiver services as required.
- Participant was transferred to and enrolled in another Medicaid Waiver:

\_\_\_\_\_  
(Name of Program)

effective

\_\_\_\_\_  
(Enrollment Date)

Other: \_\_\_\_\_

Name of Care Manager, OCCO FOM or PACE Administrator (Print)	Signature
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c:    Participant     Contact Person     Care Management Site     PACE Provider Organization     OCCO File