

DODD Notification of Individual Change in Status (NICS) – Part 2

DISENROLLMENT/WITHDRAWAL FROM WAIVER PROGRAM

Individual First Name:	Individual Last Name:	County:
DODD #:	SSN:	Current Waiver Type: <input type="checkbox"/> Lvl1 <input type="checkbox"/> I/O <input type="checkbox"/> SELF <input type="checkbox"/> TDD

Note:

- Submit required PAWS documents to complete all actions on this page.
- Please select the "Reason" that best describes the disenrollment. Such as, if individual will be a permanent resident of an IFC/IID, check "ICF/IID" even if the individual or guardian signed the form.
- The "Voluntary" reason should only be selected when the individual or guardian no longer wants waiver services and there is no other reason in rule or law that is applicable.
- Individual or guardian signatures are required for all "Voluntary" disenrollments and "Voluntary" Withdrawal of Initial Application, including a Change of Waiver Type.
- Individual or guardian signatures are strongly recommended but not required for all other disenrollment reasons, except death.
- Supporting documentation, timelines or further explanation can be submitted with the NICS form or by separate email.

<p>Reason:</p> <input type="checkbox"/> Nursing Facility <input type="checkbox"/> ICF/IID <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Moved Out of State <input type="checkbox"/> No Medicaid Program Eligibility <input type="checkbox"/> Other: (explain below) <p>Supporting Documentation Required for the following:</p> <input type="checkbox"/> Voluntary – No longer wants waiver services (explain below) <input type="checkbox"/> Refused to Cooperate with Assessment <input type="checkbox"/> Failure or Refusal to use waiver services <input type="checkbox"/> Health and Safety cannot be assured	<input type="checkbox"/> Death Date of Death: Place of Death: <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Home <input type="checkbox"/> Other: (explain below)	Last Date of Waiver Services (This date will be used as the disenrollment date): Complete if Applicable: Admission Date: Facility Name: Facility Address: 	
--	--	--	--

CHANGE OF DODD WAIVER TYPE

Note: Submit new initial application packet with the NICS.

Current Waiver:	<input type="checkbox"/> Level 1 <input type="checkbox"/> I/O <input type="checkbox"/> SELF <input type="checkbox"/> TDD	New Waiver:	<input type="checkbox"/> Level 1 <input type="checkbox"/> I/O <input type="checkbox"/> SELF
Last Date of Waiver Services:	_____	Date Waiver Services to Begin:	_____

Signatures Required Below for Voluntary Disenrollments Only

I _____, (individual, or legal guardian) for _____ (individual), do hereby request the Ohio Department of Developmental Disabilities to discontinue the enrollment or the pursuit of enrollment as noted above in this document.

Enrollee/Applicant Signature	Signature Date
Legal Guardian Signature	Signature Date

Completed by:	Email:	Date:
DODD USE ONLY		
Waiver Manager Signature/Date:		