

Nevada Medicaid Serious Emotional Disturbance (SED) Managed Care Organization (MCO) Disenrollment Form

Instruction:

This form must be completed by either the MCO or a network provider and submitted to Nevada Medicaid. If the provider is not enrolled with the MCO, please direct the recipient to their current MCO for assistance. **Forms that are incomplete will not be processed.**

Serious Emotional Disturbance (SED) is defined by someone under the **age of eighteen (18)** having (within the past year) a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

<https://www.samhsa.gov/mental-health/serious-mental-illness/about>

Reasons for completing this form:

1. The recipient is currently enrolled in an MCO and is requesting disenrollment due to SED determination. Upon approval, they will then be covered under Fee-for-Service Medicaid.
2. This form is being submitted for the recipient's yearly SED re-determination.
3. The recipient is no longer determined to be SED or the recipient's parents, or legal guardian is requesting they return to the MCO, the provider is not required to complete this form.
4. The **Division of Child and Family Services (DCFS)** is requesting that the child remain eligible for Fee-for-Service. Additionally, DCFS must submit a yearly redetermination.

Please email the completed form to managedcare@dchfp.nv.gov. Do not submit instructions.

Disclaimer:

*Under the State of Nevada **Title XXI State Plan, Nevada Check-Up** recipients are required to remain enrolled in managed care organizations responsible for their ongoing care and cannot opt out.*

We recommend regularly visiting Nevada Medicaid Services Manual

<https://dchfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/> to stay current with policy and documentation updates. Please refer to Medicaid Services Manual Chapters 400, 2500, and 3600 for further details.

To access the most current SED form, please click on the link:

<https://dchfp.nv.gov/Members/BLU/MCOMain/>.

**NEVADA MEDICAID SERIOUS EMOTIONAL DISTURBANCE (SED) MANAGED CARE
ORGANIZATION (MCO) DISENROLLMENT FORM**

Recipient Information *(Please print)*

Name:	<input type="checkbox"/> Initial SED determination date:
DOB:	<input type="checkbox"/> Annual re-determination date:
Medicaid ID:	Determination site:
Address:	<input type="checkbox"/> DCFS custody <input type="checkbox"/> County custody

SED Determination *(Please check one)*

<input type="checkbox"/> YES, child determined SED
<input type="checkbox"/> Child remains SED
<input type="checkbox"/> Child is <u>no longer</u> SED

This individual has been assessed in accordance with Nevada Medicaid's diagnostic criteria. For further details on the SED policy, please refer to the Medicaid Services Manual (MSM), Chapters 400, 2500, and 3600.

Provider/Assessor Information

Agency:	Date:	
Name of assessor:	Title:	
Signature:	Phone:	Fax:
Agency address:	Email:	

MCO Provider Enrollment: *(Check all that apply)* **If provider is not enrolled with the MCO, please direct recipient to their current MCO for SED assistance.**

- ☐ Anthem Blue Cross and Blue Shield Healthcare Solutions, (844) 396-2329
- ☐ Molina Healthcare of Nevada, (833) 685-2109
- ☐ SilverSummit Healthplan, (844) 366-2880
- ☐ UnitedHealthcare Health Plan of Nevada Medicaid, (800) 962-8074

SED Consent: *(To Be Completed by the Legally Responsible Individual)*

Print name of recipient:	Address:	
Print name of responsible party:	Date:	
*Signature of responsible party:	Phone:	Fax:
Relationship with recipient:	Email:	

This form documents the preferences of the recipient's parent or legal guardian regarding the recipient's Medicaid Managed Care enrollment. If disenrollment is requested and approved, it will take effect on the first day of the next administrative month. All medically necessary services, including those related to the recipient's SED diagnosis, will be authorized and reimbursed through Fee-for-Service Medicaid. If the recipient's parent or legal guardian wishes to re-enroll in Managed Care, they will receive services through their designated MCO.

1. Initial SED determination, please check below:

☐ I would like to opt out of managed care and receive coverage under the Fee-for-Service Medicaid.

2. If the recipient is with the Division of Child and Family Services (DCFS) or County Custody and this is their first SED determination and they wish to remain Fee-for-Service, please check box below:

☐ I wish to remain in Fee-for-Service.

3. Recipient annual SED re-determination or the recipient wishes to return to an MCO.

☐ I wish to remain Fee-for-Service.

☐ I wish to disenroll from a Managed Care Health Plan and be covered under Fee-for-Service Medicaid.

☐ I wish to return to a Managed Care Health Plan.

The recipient will be assigned to the current household MCO or the MCO they were previously enrolled in. If no household members are currently enrolled in an MCO, please indicate the recipient's preferred MCO.

Choose an MCO Health Plan:

☐ Anthem Blue Cross and Blue Shield Healthcare Solutions, (844) 396-2329

☐ Molina Healthcare of Nevada, (833) 685-2109

☐ SilverSummit HealthPlan, (844) 366-2880

☐ UnitedHealthcare Health Plan of Nevada Medicaid, (800) 962-8074

Print name of recipient:	Recipients Medicaid ID:
*Signature of responsible party:	Date:

*Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. If signed by an authorized individual (as described above), this signature certifies that: 1) This person is authorized under state law to complete this disenrollment, and 2) documentation of this authorization is available upon request.

Please email the completed form to managedcare@dhcfp.nv.gov. Do not submit instructions.

If you have questions, Nevada Medicaid is here to help. Call (866) 569-1746 (TTY: 7-1-1), or email DHCfp@dhcfp.nv.gov.