



ANNUAL NOTICE OF DISENROLLMENT RIGHTS

- Membership in EverCare Choice is voluntary.
- Once you are enrolled, you can choose to disenroll for any reason, as long as you are in your grace period. Your grace period is the first 90 days of your enrollment with us. You can disenroll at this time, if you choose.
- After the 90 day period ends, you will be “locked-in” to your enrollment with us for nine (9) months. This means that in the event that you choose to disenroll, you must wait nine (9) months before you can do so.

There are exceptions to this:

- You move out of our service area
 - You, the Plan, and your county Department of Social Services or the New York State Department of Health all agree that leaving EverCare Choice is best for you.
 - Your current home care provider does not work with our plan
 - We have not been able to provide services to you as you are entitled according to your Plan of Care
- To request disenrollment, call EverCare Choice 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.
 - Once we receive your request to disenroll, we will send you a letter letting you know we got your request. We will then send your request to New York Medicaid Choice [Maximus] for processing. EverCare Choice cannot make the determination to disenroll you; only Maximus can make this decision. Once Maximus tells us you are disenrolled, we will notify you with a second letter indicating your final date of disenrollment.
 - Your disenrollment will be effective the 1st day of the month after Maximus processes your request. This is not always the 1st day of the month after you request disenrollment. If your request came in after the submission deadline, you will not be disenrolled until the following month. You will continue to receive covered services until the effective date of your disenrollment.
 - 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.

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