



## Programs of All-Inclusive Care for the Elderly (PACE) Enrollment Denial Report Form

### Directions

1. If a potential participant is denied enrollment because his or her health or safety would be jeopardized by living in a community setting, a PACE organization must submit an Enrollment Denial Report form to the Department of Health Care Policy & Financing (HCPF).
2. Do not leave any questions/cells blank. Enter "NA" if a response is not applicable.
3. At the same time the decision is made, the PACE organization must submit the report, and the required supporting documents, to the organization's SharePoint page, which is managed by HCPF.

**SharePoint Path:** Contracts & Program Agreements/Deliverables/Ad Hoc/Enrollment Denial Report/[Year]/[Participant Name]

4. At the same time the report is submitted to SharePoint, the PACE organization must notify HCPF via the general PACE email - [hcpf\\_pace@state.co.us](mailto:hcpf_pace@state.co.us). To avoid encryption:
  - Title the email: Enrollment Denial Report for [PACE Center Name].
  - Include the following message in the body of the email: [PACE Center Name] uploaded an Enrollment Denial Report to SharePoint on [Date].
  - Avoid attachments containing a participant's personally identifiable information.

Table 1. Enrollment Denial Report Information.	
PACE Organization	
PACE Center	
Potential Participant (First and Last Name)	
Potential Participant Date of Birth	
Potential Participant Health First Colorado ID	

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<p><b>The PACE Staff Who Visited the Potential Participant's Place of Residence, Including Dates.</b></p> <p>For example - Enrollment Specialist - 5/1/23; Home Care RN - 5/8/23</p>	
<p><b>Date(s) Potential Participant Visited the PACE Center</b> (or the reason why a visit did not occur)</p>	
<p><b>Date IDT Denied Enrollment</b></p>	
<p><b>Date PACE Organization Issued Written Notice</b></p>	
<p><b>Denial Reason - Appendix Q Criteria</b></p> <p>For example - The PACE organization is unable to establish and maintain consistent communication with the individual or family/caregiver, or both.</p>	

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<b>Reason(s) Why the PACE Organization Could not Remediate the Appendix Q Criteria</b>  For example - The potential participant (Jerry) was renting a room from his friend (Dave) when Jerry applied for PACE. On 5/10/23, OT attempted to visit Jerry at his place of residence. Dave said that Jerry was not home and that Jerry often stays with other people. The Enrollment Specialist attempted to reach Jerry by phone on 5/11/23, 5/12/23, 5/15/23, 5/16/23, and 5/17/23. The Enrollment Specialist could not leave a voicemail because Jerry's voicemail was full each time. On 5/18/23, the Enrollment Specialist called Dave. Dave agreed to ask Jerry to contact the PACE center. On 5/22/23, SW was able to leave a voicemail for Jerry; however, Jerry did not return the call.	
<b>Alternative Services to Which the Individual was Referred</b>	
<b>PACE Representative Signature and Title</b>	
<b>Date</b>	

Table 2. Supporting Documentation Checklist. Check each box to indicate the corresponding document was submitted to HCPF.		
#	Checkbox	Required Document
1		The assessments conducted by PACE staff during the intake process.
2		The PACE organization's written notice to the individual.

**Note:** HCPF may request additional information if the form is incomplete or if a required supporting document is not provided.