



OPERATIONAL MEMO

TITLE:	DISENROLLMENT OF PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) PARTICIPANTS
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	MARCH 10, 2020
DIVISION AND OFFICE:	BENEFITS AND SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)
KEY WORDS:	PACE, VOLUNTARY AND INVOLUNTARY DISENROLLMENT, STATE ADMINISTERING AGENCY
OPERATIONAL MEMO NUMBER: HCPF OM 20-016	
ISSUE DATE: MARCH 10, 2020	
APPROVED BY: COLIN LAUGHLIN	

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Purpose and Audience:

The purpose of this Operational Memo is to provide Program of All-Inclusive Care for the Elderly (PACE) organizations with instructions for disenrollment of PACE participants.

Information:

The Department of Health Care Policy & Financing (Department) is the State Administering Agency (SAA) responsible for administering the PACE Program Agreement in Colorado. The agreement is between a PACE organization, the Centers for Medicare & Medicaid Services, and the SAA for the operation of a PACE program.

Procedures:

I. Voluntary Disenrollment

A PACE participant may voluntarily disenroll from the program without cause at any time. For example, a participant who elects another Medicare or Medicaid prepayment plan or optional benefit, including the hospice benefit, after enrolling as a PACE participant is considered a voluntary disenrollment. The Department does not review a voluntary disenrollment before it is effective; however, a PACE organization must make documentation available for review upon request.

Additionally, a PACE organization must conduct an exit survey of each PACE participant who voluntarily disenrolls from the program and provide an aggregate of all responses per center to the Department annually, or upon request. If a participant chooses not to participate to complete the exit survey or refuses to sign voluntary disenrollment paperwork, a PACE organization must document the refusal on the respective paperwork and in the participant's medical record.

II. Involuntary Disenrollment

A participant's involuntary disenrollment occurs after a PACE organization meets the requirements set forth in 42 CFR §460.164 and is effective on the first day of the next month that begins 30 days after the day the PACE organization sends notice of the disenrollment to the participant. Before an involuntary disenrollment is effective, the Department must review the disenrollment request and determine in a timely manner that the PACE organization has adequately documented acceptable grounds for disenrollment. To justify disenrollment, a PACE organization must submit the following information to the Department:

- A. The participant's name and Health First Colorado (Medicaid) ID number, if applicable.
- B. The location of the PACE center at which the participant receives services.
- C. The reasons for proposing to disenroll the participant.
- D. A summary of all efforts to remedy the situation, including a referral to the PACE Ombudsman.
- E. The participant's current plan of care.
- F. Relevant case notes.
- G. A service delivery summary for the past 60 days.

III. Reasons for Involuntary Disenrollment

In addition to the information in Section II of this memo, a PACE organization must submit supplementary documentation if it proposes to involuntarily disenroll a participant for any of the following reasons:

- A. Failure to Pay

If the participant, after a 30-day grace period, fails to pay or make satisfactory arrangements to pay any premium, Medicaid spend down liability, or any amount due under the post-eligibility treatment of income process, the PACE organization must notify the participant, in writing, of the amount due and how arrangements can be made to pay the amount due. PACE organizations must submit a copy of the **certified** letter.

B. Disruptive or Threatening Behavior

If the participant or participant's caregiver engages in disruptive, threatening, or noncompliant behavior that jeopardizes the health and safety of the participant, caregiver, or others, as described in §460.164(c), the PACE organization must submit the following documentation, if applicable:

1. Notification to police, including welfare checks.
2. Notification to Adult Protective Services.
3. Incident report.
4. A summary of threats or harm.

C. Noncompliance

A PACE organization may not involuntarily disenroll a participant whose noncompliant behavior is related to an existing mental or physical condition, unless the participant's behavior is jeopardizing his or her health or safety or that of others.

If participant engages in noncompliant behavior, a PACE organization must submit a summary of the participant's repeated failure to comply with medical advice and repeated failure to keep medical appointments.

D. Relocation Outside the Service Area

If the participant moves out of the PACE program service area or is out of the service area for more than 30 consecutive days without PACE approval, the PACE organization must submit the participant's new location or the organization's attempts to locate the participant, if his or her whereabouts are unknown (e.g. police welfare check, etc.).

E. No Longer Meets State Medicaid Nursing Facility Level of Care

If the participant no longer meets the State Medicaid nursing facility level of care requirements and is not deemed eligible, the PACE organization must submit a

summary of the differences between the original assessment and the continued stay assessment.

For this memo, *assessment* means the ULTC 100.2 or its replacement.

F. Terminated Contract

If the PACE program agreement with CMS and the Department is not renewed or terminated, the Department will issue guidance at that time.

G. Inability to Provide Services

If the PACE organization is unable to offer health care services due to the loss of State licenses or contracts with outside providers, a PACE organization must submit a copy of the loss of license or contract.

IV. Notice to the Department

A PACE organization may submit an involuntary disenrollment request to the Department after providing the participant with a 30-day grace period.

A PACE organization must submit an involuntary disenrollment request to the Department in a timely manner after the 30-day grace period.

PACE organizations are encouraged to notify the Department of complex situations that could lead to an involuntary disenrollment request. Early notification may expedite the Department's final determination when a request is submitted.

V. Submission of Requests

A PACE organization must submit involuntary disenrollment requests, with supporting documents, to its respective SharePoint page, administered by the Department.

VI. Determination

The Department will determine whether a PACE organization has submitted sufficient information to adequately document acceptable grounds for involuntary disenrollment within 10 business days. If the information is insufficient, the Department will request additional information.

After the Department has made its determination, it will send either an approval or denial letter to the PACE organization.

After the PACE organization receives the approval or denial letter from the Department, it must notify the participant of the disenrollment decision, via **certified** letter, and submit a copy of the letter to the Department within 5 business days.

VII. Ombudsman Involvement

The PACE Ombudsman program strives to positively impact service delivery and quality of care by acting as an advocate for the participant and assisting the participant with resolving issues. Therefore, a PACE organization must contact the PACE Ombudsman before submitting a request for involuntary disenrollment to the Department.

PACE organizations are encouraged to involve the PACE Ombudsman during any review of a possible disenrollment. Early involvement may help to prevent disenrollment, both voluntary and involuntary. For more information, visit the Disability Law Colorado website: <http://www.disabilitylawco.org/colorado-long-term-care-ombudsman>

Attachment(s):

None

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