



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>DISENROLLMENT OF PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY PARTICIPANTS</b>
<b>SUPERSEDES NUMBER:</b>	<b>HCPF OM 20-016</b>
<b>EFFECTIVE DATE:</b>	<b>AUGUST 26, 2022</b>
<b>DIVISION AND OFFICE:</b>	<b>BENEFITS AND SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING</b>
<b>PROGRAM AREA:</b>	<b>PACE</b>
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<b>APPROVED BY: COLIN LAUGHLIN</b>	

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### **Purpose and Audience:**

The purpose of this memo is to provide Programs of All-Inclusive Care for the Elderly (PACE) organizations with procedures for disenrolling a PACE participant.

### **Information:**

In addition to the following procedures, PACE organizations must also follow all disenrollment requirements as described in [42 CFR Part 460](#), the PACE Program Agreement, and the PACE and State of Colorado Contract.

#### I. Voluntary Disenrollment

A PACE participant may voluntarily disenroll from the program without cause at any time.

Electing enrollment in any other 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 of Health Care Policy & Financing (Department) does not review a voluntary disenrollment before it is effective; however, a PACE organization must make documentation available for review upon request.

A. Exit Survey

1. A PACE organization must conduct an Exit Survey with each PACE participant who voluntarily disenrolls from the program.
2. A PACE organization must provide an aggregate of all responses, per center, to the Department annually, or upon request.
3. If a participant chooses not to complete the Exit Survey, the PACE organization must document the refusal in the participant's medical record.

B. Participant Signatures

1. A PACE organization is encouraged to obtain a participant's signature on voluntary disenrollment paperwork; however, a signature is not required.
2. If a participant chooses not to sign voluntary disenrollment paperwork, the PACE organization must document the refusal in the participant's medical record.
3. A PACE organization may not delay the voluntary disenrollment process while a participant's signature is pending.

C. Incarceration

When a PACE participant becomes incarcerated, the PACE organization must proceed with a voluntary disenrollment.

1. A PACE organization must notify the Department, local Case Management Agency, and County Department of Human Services, of a participant's incarceration in a timely manner.
2. A PACE organization must notify the Department via the monthly Disenrollment Report. Enter "incarceration" as the reason for the disenrollment and provide the date of the participant's incarceration, if known.

## 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.

### *Involuntary Disenrollment Request*

A PACE organization must submit a complete Involuntary Disenrollment Request Form and supporting documents to the Department in a timely manner via the organization's SharePoint page that is managed by the Department.

At the same time the request is submitted, the PACE organization must also notify the Department via the general PACE email address at [hcpf\\_pace@state.co.us](mailto:hcpf_pace@state.co.us).

An involuntary disenrollment request must include at least the following information:

1. The participant's name.
2. The participant's birth date.
3. The participant's Health First Colorado (Medicaid) ID number, if applicable.
4. The location of the PACE center at which the participant receives services.
5. The name of the person who completed the form.
6. The date the person submitted the form to the Department.
7. The reason(s) for proposing to disenroll the participant.
8. A summary of all efforts to remedy the situation, including a referral to the [PACE Ombudsman](#).
9. The participant's current plan of care.
10. Relevant entries from the participant's medical record, saved as a PDF or zip file.
11. A service delivery summary for the past 60 calendar days.

*Involuntary Disenrollment Reasons*

In addition to the information in the section immediately above ("*Involuntary Disenrollment Request*"), a PACE organization must also submit supplemental documentation when the organization requests to disenroll a participant for any of the following reasons:

	<b>Reason</b>	<b>Required Documents</b>
1	The participant, after a 30-day grace period, fails to pay or make satisfactory arrangements to pay any premium due the PACE organization.	The written notification issued to the participant, including the amount due and how arrangements can be made to pay the amount due.
2	The participant, after a 30-day grace period, fails to pay or make satisfactory arrangements to pay any applicable Medicaid spend-down liability or any amount due under the post-eligibility treatment of income process.	The written notification issued to the participant, including the amount due and how arrangements can be made to pay the amount due.
3a	The participant engages in disruptive or threatening behavior that jeopardizes his or her health or safety, or the safety of others.	1) A summary of the disruptive or threatening behavior. 2) A medical record entry documenting notification to the police, if applicable. 3) A medical record entry documenting notification to Adult Protective Services, if applicable.
3b	A participant with decision-making capacity who consistently does not comply with his or her individual	1) A summary of the participant's decisions not to comply with his or her

	plan of care or the terms of the PACE enrollment agreement.	plan of care or the terms of the PACE enrollment agreement.  2) A medical record entry documenting whether the participant has decision-making capacity.
4	A participant's caregiver engages in disruptive or threatening behavior.	1) A summary of the disruptive or threatening behavior that jeopardizes the participant's health or safety, or the safety of the caregiver or others.  2) A medical record entry documenting notification to the police, if applicable.  3) A medical record entry documenting notification to Adult Protective Services, if applicable.
5	The participant repeatedly does not comply with medical advice and repeatedly fails to keep appointments.	A summary of the participant's repeated choices not to comply with medical advice and repeated failure to keep appointments.
6	The participant moves out of the PACE program service area or is out of the service area for more than 30 consecutive days, unless the PACE organization agrees to a longer absence due to extenuating circumstances.	A summary of the organization's attempts to locate the participant (e.g., visiting the participant's last known address, requesting a welfare check by police, calling shelters, etc.).
7	The participant is determined to no longer meet the State Medicaid nursing facility level of care requirements and is not deemed eligible.	A summary of the differences between the initial Long-Term Services and Supports assessment and the Continued Stay Review.

8	The PACE program agreement with the Centers for Medicare and Medicaid Services (CMS) and the State administering agency is not renewed or is terminated.	The Department will issue guidance at the time of nonrenewal or termination.
9	The PACE organization is unable to offer health care services due to the loss of State licenses or contracts with outside providers.	A copy of the license or contract that was lost.

### *Department Review and Determination*

Before an involuntary disenrollment is effective, the Department must review the request, and determine in a timely manner that the PACE organization has adequately documented acceptable grounds for disenrollment.

The Department will send a Disenrollment Determination Letter to the PACE organization.

### *Involuntary Disenrollment Best Practices*

If a PACE organization has not provided a direct service to a participant for 30 consecutive days, the interdisciplinary team should discuss the participant's situation. This practice will help the PACE organization comply with 42 CFR 460.98(b)(5): A PACE organization must document, track and monitor the provision of services across all care settings in order to ensure the team remains alert to the participant's medical, physical, emotional, and social needs regardless of whether services are formally incorporated into the participant's plan of care.

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.

For the purposes of this memo, "direct service" does not include a wellness call by non-clinical staff or the delivery of items or medications, unless the delivery also includes an in-person or telehealth visit.

### III. PACE Ombudsman

PACE organizations are strongly encouraged to contact the state PACE ombudsman early and often for potential resolution of issues that could lead to a participant's voluntary or involuntary disenrollment.

Prior to requesting an involuntary disenrollment, a PACE organization must contact the state PACE ombudsman and provide the participant, in writing, with the name, address, and phone number of the state PACE ombudsman, or his or her designee, and the name, address, and phone number of the nearest local PACE ombudsman.

For more information on the PACE Ombudsman Program, visit the following websites:

- Disability Law Colorado - <https://www.disabilitylawco.org/PACEombudsman>
- Colorado PACE Ombudsman - [https://www.coombudsman.org/pace-ombudsman/.](https://www.coombudsman.org/pace-ombudsman/)

**Attachment(s):**

Involuntary Disenrollment Form

**Department Contact:**

Winter Roberts

[hcpf\\_pace@state.co.us](mailto:hcpf_pace@state.co.us)