



## OPERATIONAL MEMO

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<b>Title:</b> Disenrollment of Programs of All-Inclusive Care for the Elderly Participants	<b>Topic:</b> PACE
<b>Audience:</b> PACE Organizations	<b>Sub-Topic:</b> Provider Guidance
<b>Supersedes Number:</b> HCPF OM 22-043	<b>Division:</b> Benefits and Services Management
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<b>Memo Author:</b> Winter Roberts	
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### Purpose and Audience:

The purpose of this Operational Memo is to provide Programs of All-Inclusive Care for the Elderly (PACE) organizations with procedures for reporting and requesting the disenrollment of a PACE participant to the Department of Health Care Policy & Financing (HCPF). Changes from the HCPF Operational Memo 22-043 include revised incarceration guidance and a revised Involuntary Disenrollment Request Form.

### Information:

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

#### Voluntary Disenrollment

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

B. HCPF does not review a voluntary disenrollment before it is effective; however, a PACE organization must make documentation available for review upon request.

C. Exit Survey

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

D. 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 this information in the participant's medical record.
3. A PACE organization may not delay the voluntary disenrollment process while a participant's signature is pending.

Involuntary Disenrollment

A. Involuntary Disenrollment Request

If a PACE organization plans to involuntarily disenroll a participant, the organization must meet the following requirements:

1. Submit a complete Involuntary Disenrollment Request Form, and supporting documents, to HCPF in a timely manner via the organization's SharePoint page, which is managed by HCPF.
2. At the same time the request is submitted, the PACE organization must also notify HCPF via the general PACE email: [hcpf\\_pace@state.co.us](mailto:hcpf_pace@state.co.us).
3. Avoid encrypted emails when possible. To avoid encryption, the PACE organization should:

- a. Title the email: Involuntary Disenrollment Request for [PACE Center Name].
  - b. Include the following message in the body of the email: [PACE Center Name] uploaded an Involuntary Disenrollment Request to SharePoint on [Date].
  - c. Avoid attachments containing personally identifiable information.
4. An involuntary disenrollment request must include at least the following information:
- a. The name of the PACE organization.
  - b. The name of the PACE center at which the participant receives services.
  - c. The participant's name.
  - d. The participant's date of birth.
  - e. The participant's Health First Colorado (Medicaid) ID number, if applicable.
  - f. The participant's enrollment date.
  - g. The signature and title of the PACE representative who completed the form (e-signature is acceptable).
  - h. The date the PACE representative submitted the form.
  - i. The reason(s) for proposing to disenroll the participant.
  - j. A summary of all efforts to remedy the situation, including a referral to the [PACE Ombudsman](#).
  - k. A contact summary for the past 60 days, including the services the organization has furnished and attempted to furnish.
  - l. The date the PACE organization most recently visited the participant, the reason for the visit, and whether the visit was performed in-person or via telehealth.

m. The participant’s current plan of care.

n. The participant’s medical record for the past 60 days.

Note: For the purposes of this memo, a “visit” does not include the delivery of items or medications, unless the delivery also includes an in-person or telehealth visit.

**B. Involuntary Disenrollment Reasons**

In addition to the information in the section II.A. of this memo, a PACE organization must also submit supplemental documentation when the organization requests to disenroll a participant for any of the following reasons:

#	Reason	Required Documents
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 notice 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 notice 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.

#	Reason	Required Documents
		2. A medical record entry documenting notification to the police or Adult Protective Services, if applicable.
3b	A participant's caregiver engages in disruptive or threatening behavior.	<p>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.</p> <p>2. A medical record entry documenting notification to the police or Adult Protective Services, if applicable.</p>
4	A participant with decision-making capacity who consistently does not comply with his or her individual plan of care or the terms of the PACE enrollment agreement.	<p>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.</p> <p>2. Documentation of the participant's decision-making capacity.</p>
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

#	Reason	Required Documents
	Repeated choices not to comply with medical advice and repeated failure to keep appointments.	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. For example: 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 annual reassessment (continued stay review).
8	The PACE program agreement with the Centers for Medicare & Medicaid Services and the State administering agency is not renewed or is terminated.	HCPF 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.

C. HCPF Review and Determination

1. Before an involuntary disenrollment is effective, HCPF must review the request, and determine in a timely manner that the PACE organization has adequately documented acceptable grounds for disenrollment.
2. HCPF will send a Disenrollment Determination Letter to the PACE organization.

D. Effective Date

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.

E. Incarceration

The Centers for Medicare & Medicaid Services (CMS) considers incarceration to be a move out of the service area and subject to the requirements of involuntary disenrollment. However, if the participant can notify the PACE organization of his or her incarceration, and chooses to voluntarily disenroll, the organization may process a voluntary disenrollment.

1. A PACE organization must notify HCPF, local Case Management Agency, and County Department of Human Services of a participant's incarceration in a timely manner.
2. If a participant is incarcerated for 30 consecutive days, the PACE organization must submit an involuntary disenrollment request to HCPF.
3. A PACE organization must enter "incarceration" as the secondary reason for disenrollment in the monthly Enrollment and Disenrollment Report that is submitted to HCPF. For example:
  - a. Voluntary - Incarceration.
  - b. Involuntary - Incarceration.

F. Reinstatement in other Health First Colorado Programs

A PACE organization is required to notify the local Case Management Agency when a participant is voluntarily or involuntarily disenrolled from the PACE

program and work with the Case Management Agency to reinstate the participant in other Health First Colorado programs for which the participant is eligible.

#### G. Best Practices

1. If a PACE organization has not visited with a participant at least once in a calendar month, the interdisciplinary team should discuss the participant's situation. This practice will help the PACE organization comply with its requirement to document, track and monitor the provision of services across all care settings to ensure the team remains alert to the participant's medical, physical, emotional, and social needs.
2. PACE organizations are encouraged to notify HCPF of complex situations that could lead to an involuntary disenrollment request. Early notification may expedite HCPF's final determination when a request is submitted.

#### PACE Ombudsman

- A. 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.
- B. Prior to requesting an involuntary disenrollment, a PACE organization must contact the state PACE ombudsman. The organization must also 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, visit the [Colorado PACE Ombudsman Program](#) website.

#### **Actions to be Taken:**

PACE organizations must follow the reporting requirements in this memo, including implementation of the revised incarceration guidance and use of the revised Involuntary Disenrollment Request Form.

#### **Definitions:**

None

**Attachments:**

Note: The following attachment can be found in the “PACE Forms and Resources” section of the [HCPF PACE webpage](#).

- Involuntary Disenrollment Request Form

**HCPF Contact:**

Winter Roberts

[HCPF\\_PACE@state.co.us](mailto:HCPF_PACE@state.co.us)