



Program of All-Inclusive Care for the Elderly (PACE) Involuntary Disenrollment Request Form

Directions

1. A PACE organization must complete this form for each request to involuntarily disenroll a participant.

The Department of Health Care Policy & Financing (Department) may deny an incomplete request.

2. A PACE organization must submit this form and the required supporting documents to the organization's SharePoint page that is managed by the Department.
3. At the same time the request is submitted, a PACE organization must notify the Department via the general PACE email. hcpf_pace@state.co.us

Organizations are not required to attach the form or supporting documentation to the email. The email serves as a safeguard in the event SharePoint notifications are not working properly.

Table 1

General Information	
PACE Organization	
PACE Center	
Participant Name	
Participant Date of Birth	
Participant Enrollment Date	
Participant Health First Colorado (Medicaid) ID Number, if applicable	
PACE Staff Who Completed Form	
Date Form Completed	

Table 2

Reasons for Involuntary Disenrollment - Select the most appropriate reason(s) and submit at least the following additional documents for each reason that is selected.			
Checkbox	Reason #	Description	Additional 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 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 plan of care or the terms of the PACE enrollment agreement.	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. 2) A medical record entry documenting whether the participant has decision-making capacity.

Reasons for Involuntary Disenrollment - Select the most appropriate reason(s) and submit at least the following additional documents for each reason that is selected.

Checkbox	Reason #	Description	Additional Required Documents
	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 Department will issue guidance at the time of nonrenewal or termination.

Reasons for Involuntary Disenrollment - <i>Select the most appropriate reason(s) and submit at least the following additional documents for each reason that is selected.</i>			
Checkbox	Reason #	Description	Additional Required Documents
		the State administering agency is not renewed or is terminated.	
	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.

Table 3

Involuntary Disenrollment Summary - <i>Provide a response for each row. This information is required for all involuntary disenrollment requests.</i>	
All efforts to remedy the situation, including a referral to the PACE Ombudsman.	
A service delivery summary for the past 60 calendar days. For example: 7/1/2022 - Day center attendance 7/5/2022 - Home care visit 7/11/2022 - Podiatry appointment 7/19/2022 - Home care visit 7/26/2022 - Clinic appointment 8/2/2022 - Home care visit 8/5/2022 - Day center attendance 8/8/2022 - PT assessment at center 8/12/2022 - PT at center 8/16/2022 - Home care visit 8/19/2022 - PT at center 8/22/2022 - Routine dental cleaning 8/26/2022 - PT at center 8/30/2022 - Home care visit	

Table 4

PACE Organization Attestation - <i>Click each checkbox. By clicking the box, your organization attests that the following required documents were submitted with this request.</i>	
Checkbox	Required Supporting Documentation for All Involuntary Disenrollment Requests
<input type="checkbox"/>	The participant's current plan of care.
<input type="checkbox"/>	Relevant entries from the participant's medical record, saved as a PDF or zip file.