

# **CHANGE NOTICE FOR MANUAL NO. 07-21, PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)**

## **AMENDED**

**DATE: May 18, 2021**

**Manual:** Family and Children's Medicaid  
**Change No:** 07-21  
**To:** County Directors of Social Services

### **I. BACKGROUND AND CONTENT OF CHANGE**

The Division of Health Benefits (DHB) has revised Medicaid policy section, MA-3270, Program of All-Inclusive Care for the Elderly (PACE). The revision updates general language.

### **II. POLICY UPDATE**

#### **A. Section I., Background**

Language about the House Bill introduced in 2004-2005 and state plan approval by CMS has been removed.

#### **B. The following forms have been updated and are now available in the DHB Forms Library:**

- 1. DHB-5002, Important Notice about your Medicaid or Special Assistance Approval Notice, DMA** has been updated to DHB.
- 2. DHB-5003, Medicaid or NC Health Choice Approval Notice, DMA** has been updated to DHB.
- 3. DHB-5016, Notification of Eligibility for Medicaid/Amount and Effective Date of Patient's Liability, DMA** has been updated to DHB.
- 4. DHB-5165, PACE Referral Request for a Medicaid Hearing, DMA** has been updated to DHB.
- 5. DHB-5166, PACE Application Report, DMA** has been updated to DHB.
- 6. DHB-8020, Medicaid Eligibility Corrections Form, DMA** has been updated to DHB, instructions for completion have been updated and Claims Analysis Unit is **now** the DSS Support Unit.

### **III. EFFECTIVE DATE AND IMPLEMENTATION**

The effective date of this policy is June 1, 2021. This policy applies to all applications, recertifications, and ongoing cases.

The local agencies must continue the procedures in the [DHB ADMINISTRATIVE LETTER NO: 09-20, MEDICAID/NC HEALTH CHOICE RECERTIFICATION PROCEDURES FOR COVID-19](#).

If you have any questions regarding information in this letter, please contact your [Operational Support Team Representative](#).

Dave Richard  
Deputy Secretary, NC Medicaid