

# **DHB ADMINISTRATIVE LETTER NO: 12-20, PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) VOLUNTARY/INVOLUNTARY DISENROLLMENT**

**DATE:** October 30, 2020

**SUBJECT:** PACE Voluntary/Involuntary Disenrollment

**DISTRIBUTION:** County Directors  
Medicaid Supervisors  
Medicaid Staff

## **I. BACKGROUND**

The Program of All-Inclusive Care for the Elderly (PACE) is a managed care program that enables individuals at least the age of 55 years old and older to receive a comprehensive service package which permits them to live at home while receiving services. The PACE organization must provide all Medicaid covered services, in addition to other services determined necessary by PACE for the individual beneficiary. The PACE program becomes the sole source of services for Medicaid and/or Medicaid/Medicare eligible enrollees.

This Administrative Letter provides updated guidance regarding voluntary/ involuntary disenrollment from the Program of All-Inclusive Care for the Elderly (PACE).

## **II. VOLUNTARY/INVOLUNTARY DISENROLLMENT**

A PACE participant may voluntarily disenroll or be involuntarily disenrolled at any time. The disenrollment is effective on the first day of the month after the disenrollment date that is provided by PACE Organization. Disenrollment can occur any day of the month, including the last day of the month and the effective date is the first day of the next month.

The PACE Organization will provide the disenrollment date on the [DMA-5106, PACE/Medicaid Referral](#). The caseworker should take the following action:

- End date the PACE evidence in NC FAST with the last day of the disenrollment month which will make the disenrollment effective the first day of the **next** month.
- A [DMA-8020, Medicaid Eligibility Corrections Form](#), may be required if the action is taken too late to end PACE eligibility for the month of disenrollment.
- Refer to [Job Aid: Program of All-inclusive Care for the Elderly \(PACE\)](#).

Example: DMA-5106 received on 11/9/2020 indicates the PACE disenrollment date is on 10/31/2020. The caseworker will end date the PACE evidence as of 10/31/2020. A [DMA-8020, Medicaid Eligibility Corrections Form](#), will be required to remove the PACE eligibility for the month of November.

When disenrolled from PACE, all individuals must be evaluated for eligibility in all Medicaid program/categories for the greatest benefits.

**A. Individual remains eligible for Medicaid without PACE:**

Send a **manual** adequate [DSS-8110, Notice of Modification, Termination, or Continuation](#), stating the PACE eligibility end date and the Medicaid benefits will continue.

**B. Individual ineligible for Medicaid without PACE**

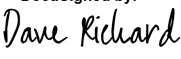
Due to the Public Health Emergency (PHE), the caseworker must **continue the MAABD** coverage without PACE. Follow the instructions in the [DHB ADMINISTRATIVE LETTER NO: 09-20, MEDICAID/NC HEALTH CHOICE RECERTIFICATION PROCEDURES FOR COVID-19](#).

Send a **manual** adequate [DSS-8110, Notice of Modification, Termination, or Continuation](#), stating the PACE eligibility end date and the Medicaid benefits will continue.

**III. EFFECTIVE DATE OF CHANGE AND IMPLEMENTATION**

This letter applies to DMA-5106, PACE/Medicaid Referrals received on and after December 1, 2020. DHB will provide further instructions when the PHE ends.

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

DocuSigned by:  
  
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Dave Richard  
Deputy Secretary for Medical Assistance