

**Program of All-Inclusive Care for the Elderly (PACE)
CHFS/DMS/DLTSS- State of Kentucky
Effective 5/22/2023, rev 12/11/23**

Disenrollment Guide for PACE Organizations

Purpose:

To define the process for notifying the Department for Aging and Independent Living (DAIL) and the Department for Medicaid Services (DMS) of a participant's disenrollment.

- A PACE organization (PO) must have a procedure in place to document the reasons for all voluntary and involuntary disenrollments. [eCFR :: 42 CFR 460.172 -- Documentation of disenrollment.](#)

Procedure:

1. Document participant disenrollment information.
 - a. Recommended details to include:
 - i. Date,
 - ii. Participant's name,
 - iii. Date of birth,
 - iv. PACE site,
 - v. Recommended disenrollment date,
 - vi. Indicate if the disenrollment is voluntary or involuntary,
 - vii. Document reasons for disenrollment,
 - viii. Can request the participant/representative sign form but cannot require a signature
 2. Email the documentation of the disenrollment to phyllis.sosa@ky.gov and cc michelle.zimmerman@ky.gov.
 - a. In the subject line, include the agency/type of disenrollment (example ABC PACE/involuntary disenrollment).
 - ❖ **Involuntary disenrollments** must be reviewed by the state administering agency to determine the provider has adequately documented acceptable grounds for disenrollment per 42 CFR 460.164 prior to effective date.
 3. For all disenrollments,
 - a. The provider shall enter the disenrollment into KLOCS and upload disenrollment documentation.
 - i. For involuntary disenrollment, upload the letter given to the participant, including the appeal rights.
 - b. The PO shall work with CMS and the State Administering Agency to reinstate the participant in other Medicare and Medicaid programs for which the participant is eligible.
- **Participants may voluntarily disenroll from PACE without a cause at any time.**
- **All necessary services must be provided until the date enrollment is terminated.**

References:

PACE disenrollment- PACE manual, chapter 4, section 40. [pace111c04 \(cms.gov\)](#)
Voluntary Disenrollment- 42 CFR 460.162 [eCFR :: 42 CFR 460.162 -- Voluntary disenrollment.](#)
Involuntary Disenrollment- 42 CFR 460.164 [eCFR :: 42 CFR 460.164 -- Involuntary disenrollment.](#)
Disenrollment Responsibilities- 42 CFR 460.166 [eCFR :: 42 CFR 460.166 -- Disenrollment responsibilities.](#)
Reinstatement in other Medicare & Medicaid Programs- 42 CFR 460.168 [eCFR :: 42 CFR 460.168 -- Reinstatement in other Medicare and Medicaid programs.](#)
Documentation of Disenrollment- 42 CFR 460.17 [eCFR :: 42 CFR 460.172 -- Documentation of disenrollment.](#)
907 KAR 3:250(2)(7)(8)(9)(10) [Title 907 Chapter 3 Regulation 250 • Kentucky Administrative Regulations • Legislative Research Commission](#)