

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

**DATE: MAY 13, 2021**

**Manual: Aged, Blind, and Disabled 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-2275, Program of All-Inclusive Care for the Elderly (PACE). The revision includes new policy guidance regarding voluntary/involuntary disenrollment from PACE. The revision includes current NC FAST functionality and job aid references, and updates to general language and program terminology. Manual sub-sections were re-ordered to support the new and revised policies. The specific changes are outlined below.

## **II. POLICY UPDATE**

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

1. Background and Introduction were separate sections that have now been combined into one section.
2. Language about the House Bill introduced in 2004-2005 and state plan approval by CMS has been removed.

### **B. Section II., PACE and Medicaid Referral Procedures**

1. Additional clarification has been added in regard to the DHB-5106, PACE/Medicaid Referral form.
2. Caseworkers should note that authorization given by the applicant/beneficiary on the DHB-5106 is a limited authorization. Only the information on the DHB-5106 may be shared between the local agency and the PACE Organization.
3. See MA-300, Confidentiality, and MA-2420, Notice and Hearings Process, when additional authorization is desired by the applicant/beneficiary.

### **C. Section IV., Policy Principles**

1. Additional guidance has been added for Community Spouse Income Allowance (CSIA) policy as it applies to PACE participants with a spouse in a private living arrangement (PLA).
2. Guidance has been added regarding PACE beneficiaries who enter either a skilled nursing facility or an adult care home.

**D. Section VII., Medicaid Authorization for PACE Services**

1. Examples have been added to provide clarity for authorizing PACE before or after the second to the last workday of the month.

**E. Section X., Change in Situation**

1. New guidance regarding voluntary/involuntary disenrollment procedures has been added.
2. This information was previously provided on DHB Administrative Letter 12-20, which was issued October 30, 2020. Upon receipt and implementation of this notice, Administrative Letter 12-20 will be obsolete as the information has been added to the Medicaid policy manual.

**F. Eligibility Information System (EIS) (previously designated as section XII)**

1. EIS information has been removed.

**G. Section XI., Automated and Manual Notices for PACE Services**

1. EIS processes and language has been removed and updated with NC FAST procedures.
2. Sub-sections D, Active MAABD Case Transfers with PACE Authorization Text Code 8K, and E, Aid/Program Category Transfer to MAABD PACE Authorized Text Code 8J, have been removed. The two situations detailed in these sections are adequately addressed in sub-section A, Approval.
3. Sub-section F, Voluntary/Involuntary Disenrollment has been removed. This information is now found in section X.

**H. PACE Services – Internal Appeal Process (previously designated as section XVI)**

1. Information in this section has been revised to include information relevant to the caseworker and the local agency.
2. Information regarding the internal PACE organization process has been removed.

**I. 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 not 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](#).

DocuSigned by:

*Dave Richard*

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Deputy Secretary, NC Medicaid