

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

**DATE: May 13, 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 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

Deputy Secretary, NC Medicaid