	Title: 4.41 Involuntary Disenrollment
Effective Date: 1/2/2013	Last Revision Date: 8/18/2020; 42 CFR 460.50; 460.52; 460.160; 460.164; 460.166; 460.168; 460.172
Approved By: Andi McDonough	Department: Pace Operations


Purpose

Rocky Mountain Health Care Services PACE Program involuntary disenrollment's are based on policies and procedures that are fair, nondiscriminatory, and are not based on a participant's increased needs or use of services.

Process

Involuntary Disenrollment's:

1. Reasons for involuntary disenrollment:
 - a. If after a 30-day grace period, the participant fails to pay or make satisfactory arrangements to pay any applicable Medicaid spend down liability or any amount due under the post-eligibility treatment of income process.
 - b. The participant, or the participant's caregiver, engages in disruptive or threatening behavior.
 1. Behavior that jeopardized the participants own health or safety, or the safety of others
 2. Consistent refusal to comply with an individual plan of care of the terms of the PACE enrollment agreement by a participant with decision-making capacity
 - c. The participant moves out of the PACE program service area without notifying the PACE program.
 - d. The participant is out of the service area for more than 30 consecutive days, unless RM PACE agrees to a longer absence due to extenuating circumstances.
 - e. The participant is determined to no longer meet the State Medicaid nursing facility level of care requirements and is not deemed eligible.
 - f. The PACE program agreement with CMS and the State administering agency is not renewed or is terminated.
 - g. RM PACE is unable to offer health care services due to the loss of State licenses or contracts with outside providers.
2. Disruptive or threatening behavior - For purposes of this section, a participant who engages in disruptive or threatening behavior refers to a participant who exhibits either of the following:
 - a. A participant whose behavior jeopardizes his or her health or safety, or the safety of others; or
 - b. A participant with decision-making capacity who consistently refuses to comply with his or her individual plan of care or the terms of the PACE enrollment agreement.


 <p>Rocky Mountain PACE A Program of Rocky Mountain Health Care Services</p>	<p>Title: 4.41 Involuntary Disenrollment</p>
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3. Documentation of disruptive or threatening behavior - if RM PACE proposes to disenroll a participant who is disruptive or threatening, PACE must document the following information in the participant's electronic health record:
 - a. The reasons for proposing to disenroll the participant.
 - b. All efforts to remedy the situation.

4. Noncompliant behavior:
 - a. RM PACE may not disenroll a PACE participant on the grounds that the participant has engaged in noncompliant behavior if the behavior is related to a mental or physical condition of the participant, unless the participant's behavior jeopardizes his or her health or safety, or the safety of others.
 1. For purposes of this section, noncompliant behavior includes repeated noncompliance with medical advice and repeated failure to keep appointments.

5. State Administering Agency (SAA) review and final determination:
 1. Before an involuntary disenrollment is effective, the SAA must review it and determine that RM PACE has adequately documented acceptable grounds for disenrollment. When disenrolling a participant, Rocky Mountain PACE must use the most expedient process allowed under Medicare and Medicaid procedures, as set forth in the PACE program agreement.
 2. Rocky Mountain PACE will work with CMS and the State administering agency to reinstate the participant in other Medicare and Medicaid programs for which the participant is eligible.
 3. Until enrollment is terminated, Rocky Mountain PACE participants are required to continue to use Rocky Mountain PACE provider services and remain liable for any premiums. Rocky Mountain PACE will continue to provide all needed services until the date of termination.
 4. Rocky Mountain PACE will make appropriate referrals and ensure medical records are made available to new providers within 30 days.
 5. All involuntary disenrollment's will be discussed for timely processing based on final SAA administrator decision.
 6. Rocky Mountain PACE must coordinate the disenrollment date between Medicare and Medicaid (for a participant who is eligible for both Medicare and Medicaid).


6. RM PACE has an agreement with the Centers for Medicare and Medicaid Services (CMS) and the State administering agency that is subject to renewal on a periodic basis. Termination may be initiated as follows:

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- a. Termination of agreement by CMS or SAA -
 - 1. If this contract is terminated, RM PACE will work with each Participant as to the availability of other services. Each participant will be reinstated back into the traditional fee-for-service Medicaid or Medicare programs, if eligible. RM PACE will assist each participant with this transition to help each Participant find appropriate care and help each understand their options.
 - 2. If CMS and/or the State Administering Agency does not renew and/or terminates the contract, RM PACE will provide our Participants at least 60 days advanced written notice.
 - b. Termination of agreement by RM PACE – to provide timely notice to CMS, the State administering agency, and participants, RM PACE shall allow 90 days before program termination.
7. A previously disenrolled participant may be reinstated in a PACE program.
8. If the reason for disenrollment is failure to pay the premium and the participant pays the premium before the effective date of disenrollment, the participant is reinstated in the PACE program with no break in coverage.
9. The Quality and Compliance Department will review disenrollment data to monitor for trends. If trends are identified, action may be taken as part of the quality improvement process.

DOCUMENT HISTORY:

Date Reviewed:	Reviewed By:	Notes:
01/02/2013	UK	Revised, no notes
5/01/2014	K Abbott	No revisions
1/14/2014	G Westby, QA	Revised section #4. Added documentation requirements and QA depts role in process.
09/28/2015	A Cuizon, Dir Rehab and SS	Correction to 2 nd bullet point to not a participant MAY NOT be dis-enrolled
11/27/2017	J. Finn	30-day supply of medication changed to 30-day prescription.
	G. Westby	Removed language indicating that Q&C dept is involved in SAA submission.
12/20/2017	J. Finn, D. Hiser, V. Anders, A. Sisneros, D. Schoch	Policy updated reviewed to reflect current language and 42.CFR 460.164 2016 edition. Policy language changed to reflect current practice.

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1/22/2019	A. McDonough	Added language regarding Term/Non-renewal of contract due to CMS/SAA. Merged Involuntary and Voluntary Disenrollments.
4/9/2019	A. McDonough, D Hiser, K. Lopez, C. McConnell	Separated policy from protocol.
12/30/2019	S Galceran, C. Carvell, A McDonough	Renamed to add Termination Plan and added reference to 460.50 and 460.52. No other changes.
8/18/2020	Jacqueline Schlarb, RN, Misty Constancio QA	Updated to regs, separated Voluntary/Involuntary