

Disenrollment Guide for PACE Organization

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.](#)

- **Involuntary disenrollments** must be reviewed by the state administering agency to determine whether the provider has adequately documented acceptable grounds for disenrollment per 42 CFR 460.164 *prior to* the effective date.
 - **Involuntary Disenrollments**- email the documentation to support the disenrollment for the SAA review to PACE@ky.gov
 - 1. Document the participant's 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 the form but cannot require a signature.
 - 2. For disenrollments,
 - a. The provider shall enter the disenrollment into the Medicaid Management Waiver Application (MWMA) 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.
 - 3. The number of voluntary and involuntary disenrollments shall be reported to the state during the monthly meetings. The PO will need to make the documentation available for review if requested by the SAA.
- **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:

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](#)