



Policy: PA.2021
Title: **Involuntary Disenrollment**
Department: CalOptima Health PACE
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 02/12/2024

Effective Date: 10/01/2013

Revised Date: 02/01/2024

Applicable to: ☐ Medi-Cal
☐ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy establishes the processes for Participant involuntary disenrollment from the CalOptima Health Program of All-Inclusive Care for the Elderly (PACE).

II. POLICY

- A. CalOptima Health PACE is committed to providing services to the frail elderly in the community and shall attempt and exhaust all possible options to remedy a situation before proceeding with an involuntary disenrollment, a process by which CalOptima Health PACE will formally disenroll a Participant from the PACE program, with prior approval from DHCS.
- B. All involuntary disenrollments require prior approval of the PACE Program Director and the Department of Health Care Services (DHCS).
- C. All involuntary disenrollments require twenty (20) calendar days advance notice to Participants. The Participant shall be given the opportunity to respond or remedy during this twenty (20) calendar day period, unless CalOptima Health agrees to a longer absence due to extenuating circumstances.
- D. CalOptima Health PACE shall initiate an involuntary disenrollment under the following circumstances:
 - 1. The Participant moves, or is out of the Service Area, for more than thirty (30) consecutive days, unless CalOptima Health PACE agrees to a longer absence due to extenuating circumstances.
 - 2. The Participant engages in disruptive, or threatening, behavior that jeopardizes their own health or safety, or the health or safety of others.
 - 3. The Participant's caregiver, family member, or Representative engages in disruptive, or threatening, behavior that jeopardizes their own health or safety, or the health or safety of others.
 - 4. The CalOptima Health PACE program contract with the Centers for Medicare & Medicaid Services (CMS) and DHCS is not renewed or is terminated, or CalOptima Health PACE, is unable to offer healthcare services due to the loss of state licenses, or contracts with outside providers.

5. The Participant no longer meets the California nursing facility Level of Care requirements and is not deemed eligible.
 6. If applicable, the Participant fails to pay: After a thirty (30) calendar day grace period, any premiums due to CalOptima Health PACE.
 7. If applicable, the Participant fails to pay/satisfactory payment arrangements: After a thirty (30) calendar day grace period, any applicable Medi-Cal spend down liability or any amount due under the post-eligibility treatment of income process.
- E. CalOptima Health PACE shall review trends and patterns for involuntary disenrollment as a component of the Quality Improvement Process.
 - F. CalOptima Health shall ensure that its employees and contractors do not engage in any practice that would reasonably be expected to have the effect of steering or encouraging disenrollment of Participants due to a change in health status.
 - G. No Participant shall be involuntarily disenrolled from the CalOptima Health PACE Program in response to a change in health status.
 - H. CalOptima Health PACE may not disenroll a 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 their health or safety, or the safety of others. Noncompliant behavior includes repeated noncompliance with medical advice and repeated failure to keep appointments.

III. PROCEDURE

A. Involuntary Disenrollment Requests

1. CalOptima Health PACE may recommend to DHCS the disenrollment of any Participant where the provider-Participant relationship has deteriorated to the extent that makes it impossible for CalOptima Health PACE employee to render services adequately to the Participant.
2. CalOptima Health PACE shall make every effort to resolve areas of conflict or jeopardy through negotiation and open communication among the team, the Participant, family, and/or the Representative including reassignment of employee /Primary Care Provider (PCP), education, or referral to services, including mental health, or substance abuse programs, before requesting an involuntary disenrollment. If CalOptima Health PACE employee exhausts all possible and feasible options to remedy the situation and those efforts to resolve the situation are unsuccessful, CalOptima Health PACE may pursue an involuntary disenrollment.
3. The PACE Center Manager for the PACE IDT that initiates an involuntary disenrollment shall be responsible for notifying the PACE Program Director of the action and for assembling all supporting documentation for submission to DHCS for approval from relevant CalOptima Health PACE employee.
 - a. If the involuntary disenrollment is based on Participant's behavior, such supporting documentation must provide detailed examples that demonstrate a pattern of such behavior, including date and time, and CalOptima Health PACE employee affected, and such documentation must also include all efforts to remedy the situation with the Participant and/or caregiver(s).

4. The PACE IDT will update the PACE Program Director on progress throughout the involuntary disenrollment process and the PACE IDT will review all recommendations for involuntary disenrollment to develop a tailored transition plan for the Participant to ensure continuity of care. CalOptima Health PACE shall seek a referral to primary care, make Participant medical records available and all necessary specialized care for both voluntary and involuntary disenrollments. CalOptima Health PACE shall also use the most expedient process allowed under Medicare and Medicaid procedures and shall coordinate the disenrollment date between Medicare and Medicaid programs (for a Participant who is eligible for both programs).
5. The PACE Center Manager, or designee, shall ensure that specific types of involuntary disenrollment, referenced below, are processed appropriately:
 - a. **Failure to Pay:** The accounting department sends a monthly billing invoice to the Participant for any share of cost, or premium, that is due the first (1st) day of the following month. If share of cost, or premium, amount is not received by the thirty-fifth (35th) day from the initial due date, or if a satisfactory arrangement to pay a premium has not been established, the Participant is sent an *Advance Notice of Involuntary Disenrollment for Failure to Pay Share of Cost or Premium*. If share of cost, or premium, amount has not been received in full within sixty (60) calendar days from the initial due date, and the Participant has not made any arrangements to pay, the social worker completes an *Involuntary Disenrollment Form* and directs the PACE IDT to prepare a discharge plan. By the sixty-fifth (65) calendar day from the initial due date, the Participant is sent an *Interim Notice of Involuntary Disenrollment for Failure to Pay Share of Cost or Premium*. Immediately following, but no more than four (4) calendar days after the written notice date, a disenrollment request is sent to DHCS. If DHCS approves the involuntary disenrollment, the Participant is sent a *Final Notice of Involuntary Disenrollment for Failure to Pay Share of Cost or Premium*.
 - b. **Out of Service Area:** This situation occurs when the social worker receives information that a Participant has moved out of the Service Area without providing advance written notice to CalOptima Health PACE. The social worker will document the date of the first (1st) day the Participant is out of the Service Area. The Participant's disenrollment effective date must be no less than thirty (30) calendar days from this day. Within two (2) business days from receiving information that a Participant that has moved out of the Service Area or has been out of the Service Area for more than thirty (30) consecutive days without prior approval from CalOptima Health PACE, the social worker completes an *Involuntary Disenrollment Form*, sends an *Advance Notice of Involuntary Disenrollment for a Move Out of the Service Area* to the Participant, and directs the PACE IDT to prepare a discharge plan. In the advance notice, the Participant is informed of the effective date of disenrollment, which is at least twenty (20) calendar days from the date of the written notice. Immediately following, but no more than four (4) calendar days after the written notice date, a disenrollment request is sent to DHCS. If DHCS approves the involuntary disenrollment, the social worker sends the *Final Notice of Involuntary Disenrollment for a Move Out of the Service Area*.
 - c. **Disruptive or Threatening Behavior:** The PACE IDT must make significant efforts to resolve any issue, or problem, presented by the Participant and/or Caregiver or Representative, which may include referrals to other services such as mental health, or substance abuse programs. If disruptive, or unsafe, behavior cannot be resolved, the social worker completes the *Involuntary Disenrollment Form*, directs the PACE IDT to prepare a discharge plan, and sends advance notification to the Participant. The social worker sends the *Advance Notice of Involuntary Disenrollment for Disruptive or Threatening Behavior*. After twenty (20) calendar days from the date that the notification was sent, DHCS is informed of CalOptima Health PACE's intent to pursue involuntary disenrollment due to disruptive, or unsafe behavior. Immediately following, but no more than four (4) calendar days after the written

notice date, a disenrollment request is sent to DHCS. If DHCS approves the involuntary disenrollment, the Participant is sent an involuntary disenrollment letter. If DHCS approves the involuntary disenrollment, the social worker sends the *Final Notice of Involuntary Disenrollment for Disruptive or Threatening Behavior*.

- d. No longer meets California Nursing Facility Level of Care requirements: For involuntary disenrollments related to the Participant no longer meeting the California Nursing Facility Level of Care requirements, DHCS will notify the Participant of the Level of Care disenrollment. CalOptima Health PACE is responsible for initiating and providing the disenrollment form, service summary, and discharge summary to the Participant.
 - e. Non-renewal, or termination, of agreement, contract, or license: For involuntary disenrollments related to a non-renewal, or termination, of PACE program agreement, contract, or loss of license, CalOptima Health PACE will coordinate with the CalOptima Health Regulatory Affairs & Compliance Department to ensure proper notification to the affected Participants, the DHCS contract manager, and CMS in accordance with the termination plan.
6. For all types of involuntary disenrollment, the PACE Social Work Department and Program Specialist shall assemble the proper documentation supporting the PACE IDT's recommendation and prepare a formal written request to DHCS for approval for involuntary disenrollment, including the Involuntary Disenrollment form. CalOptima Health PACE shall provide all available supporting documentation related to the involuntary disenrollment to DHCS prior to the effective date of disenrollment. Correspondence with DHCS regarding the involuntary disenrollment will be kept in the disenrollment case file.
 7. If DHCS approves the involuntary disenrollment, the PACE Program Director will sign and send a Disenrollment Notification letter to the Participant. This letter will state the reason for the involuntary disenrollment and the effective date. The effective date of disenrollment will be on the first (1st) day of the next month, thirty (30) calendar days after the date that PACE send the notice of disenrollment of the Participant. A minimum thirty (30) calendar day notice is required between the notification and the effective date of disenrollment. The letter shall also inform the Participant of Appeal rights and provide contact information for initiating an Appeal.
 8. Upon initiation of the disenrollment process, CalOptima Health PACE shall complete a change of status and disenrollment form and shall forward the form to the CalOptima Health Regulatory Affairs & Compliance Department to share with DHCS, the local Department of Social Services (DSS), and CMS.
 9. CalOptima Health PACE shall continue to provide all necessary services to the Participant until the effective disenrollment date and shall be responsible for developing and coordinating a discharge plan with the Participant. The CalOptima Health PACE Social Worker shall complete the *Disenrollment Discharge Plan* and provide a copy to the Participant and, if applicable, to the appropriate caregiver or Representative. If it is not possible to reach the Participant, the social worker will document efforts to provide Participant with a discharge plan.
 10. The Participant has the right to Appeal the involuntary disenrollment decision using the CalOptima Health PACE internal Appeal process and/or the DHCS, or CMS Appeals process. If a Participant files an Appeal, CalOptima Health PACE shall continue to provide all necessary services to the Participant until the Appeal is resolved. If any of the Appeal processes results in an overturned decision, the disenrollment date shall be immediately canceled.
 11. CalOptima Health PACE must receive written approval for the involuntary disenrollment from DHCS before the disenrollment is made effective.

B. Monitoring and Oversight

1. The CalOptima Health PACE Quality Assurance Department is responsible for monitoring the Disenrollment Report from the electronic health record on a monthly basis and reporting quarterly to HPMS.
2. CalOptima Health PACE shall make all documentation regarding involuntary disenrollments available for review by CMS and DHCS.

C. Quality Improvement

1. The CalOptima Health PACE Quality Assurance Department shall retrospectively review all involuntary disenrollments to analyze any trends or areas of improvement. This tracking, trending, and analysis will also consider enrollment withdrawals and denials.
2. The CalOptima Health PACE Quality Assurance Department will report data and findings to the PACE Quality Improvement Committee quarterly.

D. Reinstatement into CalOptima Health PACE

1. Any Participant who was previously disenrolled from the CalOptima Health PACE may re-apply to the program and may re-enroll upon meeting the eligibility criteria. There is no limit on the number of times a Participant may re-enroll following disenrollment.
2. A Participant who was disenrolled following non-payment of premiums may be reinstated without a break in service coverage if the premium is paid prior to the effective date of disenrollment.
3. A Participant who wishes to re-enroll following a disenrollment must complete the intake and enrollment process in its entirety and be assessed by the IDT during the re-enrollment process. The Level of Care determination will be subject to the decision of the California Department of Health Care Services.

IV. ATTACHMENT(S)

- A. Involuntary Disenrollment Form
- B. Disenrollment Discharge Plan
- C. Advance Notice of Involuntary Disenrollment for a Move Out of the Service Area
- D. Final Notice of Involuntary Disenrollment for a Move Out of the Service Area
- E. Interim Notice of Involuntary Disenrollment for Failure to Pay Share of Cost or Premium
- F. Advance Notice of Involuntary Disenrollment for Failure to Pay Share of Cost or Premium
- G. Final Notice of Involuntary Disenrollment for Failure to Pay Share of Cost or Premium
- H. PACE Notice of Nondiscrimination
- I. CMS Multi-Language Insert
- J. Advance Notice of Involuntary Disenrollment for Disruptive or Threatening Behavior
- K. Final Notice of Involuntary Disenrollment for Disruptive or Threatening Behavior

V. REFERENCE(S)

- A. CalOptima Health PACE Program Agreement
- B. CalOptima Health Policy PA.7002: Appeal Process
- C. Title 42, Code of Federal Regulations (C.F.R), §§460.164, 460.166, 460.168, 460.170, 460.172
- D. Department of Health Care Services (DHCS) Policy Letter (PL) 22-02: PACE Enrollment and Disenrollment Process

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/2013	PA.2021	Involuntary Disenrollment	PACE
Revised	10/01/2014	PA.2021	Involuntary Disenrollment	PACE
Revised	04/01/2015	PA.2021	Involuntary Disenrollment	PACE
Revised	02/01/2016	PA.2021	Involuntary Disenrollment	PACE
Revised	02/01/2017	PA.2021	Involuntary Disenrollment	PACE
Revised	07/01/2018	PA.2021	Involuntary Disenrollment	PACE
Revised	09/01/2019	PA.2021	Involuntary Disenrollment	PACE
Revised	06/01/2022	PA.2021	Involuntary Disenrollment	PACE
Revised	09/01/2022	PA.2021	Involuntary Disenrollment	PACE
Revised	09/01/2023	PA.2021	Involuntary Disenrollment	PACE
Revised	02/01/2024	PA.2021	Involuntary Disenrollment	PACE

IX. GLOSSARY

Term	Definition
Appeal	A Participant's action taken with respect to the PACE organization's noncoverage of, modification of, or nonpayment for, a service including denials, reductions or termination of services, as defined by federal PACE regulation 42 CFR Section 460.122.information.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the federal Medicaid (referred to as Medi-Cal in California) Program.
Interdisciplinary Team (IDT)	<p>A team composed of members qualified to fill, at minimum, the following roles, in accordance with 42 CFR 460.102. One individual may fill two separate roles on the interdisciplinary team where the individual meets applicable state licensure requirements and is qualified to fill the two roles and able to provide appropriate care to meet the needs of Participants:</p> <ol style="list-style-type: none"> 1. Primary Care Provider; Primary medical care must be furnished to a Participant by any of the following <ol style="list-style-type: none"> a. A primary care physician. b. A community-based physician. c. A physician assistant who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority. d. A nurse practitioner who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority. 2. Registered Nurse; 3. Master's – level Social Worker; 4. Physical Therapist; 5. Occupational Therapist; 6. Recreational Therapist or Activity Coordinator; 7. Dietician; 8. PACE Center Manager; 9. Home Care Coordinator; 10. Personal Care Attendant or their representative; and 11. Driver or their representative.
Participant	An individual enrolled in the CalOptima Health PACE program
Primary Care Provider (PCP)	A provider responsible for supervising, coordinating, and providing initial and Primary Care to Participants; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.
Program of All-Inclusive Care for the Elderly ("PACE")	PACE is a long-term comprehensive health care program that helps older adults to remain as independent as possible. PACE coordinates and provides all needed preventive, primary, acute and long-term care services so seniors can continue living in their community.
Representative	A person who is acting on behalf of or assisting a Participant, and may include, but is not limited to, a family member, a friend, a CalOptima PACE staff member, or a person legally identified in a Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.

Term	Definition
Service Area	The county or counties in which CalOptima Health PACE is approved to operate under the terms of the DHCS PACE Contract. A Service Area may have designated ZIP codes (under the U.S. Postal Service) within a county that are approved by DHCS to operate under the terms of the DHCS PACE Contract.