

441—88.10(249A) Participant enrollment and disenrollment. The PACE organization must comply with the federal enrollment requirements stated in 42 CFR 460.152 through 460.156 as amended to August 1, 2024.

88.10(1) Eligibility for Medicaid members. To enroll in a PACE program as an Iowa Medicaid member, a person must meet the eligibility requirements specified in this subrule.

a. Basic eligibility requirements.

- (1) The person must be 55 years of age or older.
- (2) The person must reside in the service area of the PACE center.
- (3) The person must be aged, blind, or disabled pursuant to rule 441—75.25(249A).
- (4) The person must meet income and resources requirements described in rule 441—75.5(249A) for persons in a medical institution.

(5) The department must determine that the person meets a nursing facility level of care.

(6) The person must meet any additional program-specific eligibility conditions imposed under the PACE program agreement. These additional conditions shall not modify the requirements stated in this subrule.

b. Other eligibility requirements.

(1) At the time of enrollment, the person must be able to live in a community setting without jeopardizing the person's health or safety pursuant to the criteria specified in the PACE program agreement.

(2) To continue to be eligible for PACE as an Iowa Medicaid member, a person must meet the annual recertification requirements specified in subrule 88.10(6).

88.10(2) Effective date of enrollment. A person's enrollment in the program is effective on the first day of the calendar month following the date PACE receives the signed enrollment agreement pursuant to 42 CFR 460.158 as amended to August 1, 2024.

88.10(3) Duration of enrollment. Enrollment continues until the participant's death unless either of the following occurs:

a. The participant voluntarily disenrolls. A PACE participant may voluntarily disenroll from the program without cause at any time. A participant's voluntary disenrollment is effective on the first day of the month following the date PACE receives the participant's notice of voluntary disenrollment.

b. The participant is involuntarily disenrolled. An involuntary disenrollment shall not become effective until the department has determined that PACE has adequately documented acceptable grounds for disenrollment. If a participant is approved by the department for involuntary disenrollment, the effective date of disenrollment is the first day of the next month that begins 30 days after the day PACE sends the notice of disenrollment. For example, notification on June 5 would be effective August 1. Acceptable grounds for an involuntary disenrollment are outlined in 42 CFR 460.164 as amended to August 1, 2024.

88.10(4) Disenrollment.

a. When disenrolling a participant, the PACE organization must:

- (1) Use the most expedient process allowed under the PACE program agreement;
- (2) Coordinate the PACE disenrollment date to seamlessly reenroll the person in Medicare Part A, B, and D and Medicaid for a participant who is dually eligible for both Medicare and Medicaid; and
- (3) Give reasonable advance notice to the participant.

b. Until the date when enrollment is terminated, the following requirements must be met:

- (1) The PACE organization must continue to furnish all needed services.
- (2) The participant must continue to use PACE services.

88.10(5) Documentation of disenrollment. The PACE organization must:

a. Have a procedure in place to document the reasons for all voluntary and involuntary disenrollments.

b. Make documentation available for review by CMS and the department.

c. Use the information on voluntary disenrollments in PACE's internal quality improvement program.

d. Provide the department with information regarding all participant disenrollments, including voluntary, involuntary, and deaths. PACE must complete a form prescribed by the department and submit it

to the department in the manner directed by the department within ten days of the date of disenrollment or death.

88.10(6) *Medicaid eligibility review.*

a. When requested by the department, the participant shall complete a form prescribed by the department in accordance with rule 441—76.14(249A).

b. At least annually, the department will:

- (1) Evaluate whether each participant continues to meet the nursing facility level of care; and
- (2) Review of all financial and nonfinancial eligibility pursuant to 441—Chapter 76.

c. Deemed continued eligibility. If the department determines that a participant no longer meets the nursing facility level of care, the department, in consultation with the PACE organization, will determine whether, in the absence of continued PACE coverage, the participant reasonably would be expected to meet the nursing facility level-of-care requirement within the next six months. This determination will be based on a review of the participant's medical record and plan of care, applying criteria specified in the PACE program agreement. If the participant reasonably would be expected to meet the level-of-care requirement within six months, the participant's eligibility for the PACE program may continue until the next annual reevaluation.

88.10(7) *Reinstatement in other Medicare and Medicaid programs.* After a disenrollment, the PACE organization shall work with CMS and the department to facilitate the former participant's reinstatement in other Medicare and Medicaid programs by:

a. Assisting in transitions to other Medicare plans and Medicaid programs for which the participant may be eligible; and

b. Making appropriate referrals and ensuring that medical records are made available to new providers within 30 days from the participant's last day of enrollment with PACE.

88.10(8) *Reinstatement in PACE.* A previously disenrolled participant may be reinstated in a PACE program. 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 pursuant to 42 CFR 460.170 as amended to August 1, 2024.

[ARC 9280C, IAB 5/14/25, effective 7/1/25]