

PACE ELIGIBILITY AND ENROLLMENT PROCESS

SECTION 3 – ELIGIBILITY AND ENROLLMENT

3.1 ELIGIBILITY REQUIREMENTS

To be eligible for PACE enrollment, applicants must meet the following requirements:

- Be age 55 years or older
- Meet applicable Medicaid financial eligibility requirements. (Eligibility determinations will be made by the Michigan Department of Human Services for all counties except Wayne. Determinations for Wayne County will be made by MDCH.)
- Reside in the PACE organization's service area
- Be capable of safely residing in the community without jeopardizing health or safety while receiving services offered by the PACE organization.
- Receive a comprehensive assessment of participant needs by an interdisciplinary team.
- Be appropriate for placement in PACE based on completion of the Michigan Medicaid Nursing Facility Level of Care Determination
- Be provided timely and accurate information to support Informed Choice for all appropriate Medicaid options for Long Term Care
- Not concurrently enrolled in the MI Choice program
- Not concurrently enrolled in an HMO

3.2 COMPLETION OF THE MEDICAID NURSING FACILITY LOC DETERMINATION

The PACE organization must verify applicant appropriateness for services by completing an electronic web-based version of the Michigan Medicaid Nursing Facility Level of Care Determination. Instructions and required forms related to the completion of the Medicaid Nursing Facility Level of Care Determination are available on this website. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)

Services will only be reimbursed when the determination demonstrates functional/medical eligibility through the web-based tool or the Nursing Facility Level of Care Exception Process. Providers must submit the Nursing Facility Level of Care Determination information via the web no later than 14 calendar days following start of service.

The Michigan Medicaid Nursing Facility Level of Care Determination must be completed by a health professional (physician, registered nurse, licensed practical nurse, clinical social worker (BSW or MSW), or physician assistant) representing the proposed provider. Nonclinical staff may perform the evaluation when clinical oversight by a professional is performed. The PACE organization will be held responsible for enrolling only those participants who meet the criteria outlined in this section.

The Michigan Medicaid Nursing Facility Level of Care Determination must be completed using the electronic web-based form in the following situations:

- all new enrollments of Medicaid-eligible beneficiaries
- re-enrollment of Medicaid-eligible beneficiaries

For participants enrolled in PACE on November 1, 2004, the Michigan Medicaid Nursing Facility Level of Care Determination must be applied for no earlier than the next anniversary date of their enrollment into the program. All participants enrolled prior to November 1, 2004 must be evaluated no later than October 31, 2005.

Continuing participants who are assessed at their next anniversary date, and who qualify under Door 7 only, must be offered the opportunity and assistance to transition to other community programs, but cannot be required to do so. In applying the criteria for Door 7, it is assumed that current services provided to participants are necessary to maintain function.

PACE organizations will not be reimbursed for participants who do not demonstrate eligibility through the electronic web-based tool. In addition, providers must submit participant information via the web no later than 14 calendar days following the start of service.

The PACE organization must provide an adverse action notice to participants who are found to be not eligible and who have been enrolled in the program for less than 12 months, and must refer the participant to appropriate service programs. When the PACE organization anticipates that the participant may become eligible again within the next six months, the PACE participant may continue to qualify for the program, when approved by MDCH.

The electronic web-based tool must be completed only once for each admission or readmission to the program.

3.3 INFORMED CHOICE

When a beneficiary is determined eligible for Nursing Facility LOC through completion of the Nursing Facility Level of Care Determination, he must be provided timely and accurate information to support informed choice for all appropriate Medicaid options for LTC.

Process Guidelines available on this website define the required process. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)

3.4 NURSING FACILITY LOC DETERMINATION EXCEPTION PROCESS

An exception process is available for those applicants who have demonstrated a significant level of long term care need but do not meet the Michigan Medicaid Nursing Facility Level of Care Criteria. The Nursing Facility Level of Care Exception Process is initiated when the prospective provider telephones the MDCH designee and requests review after the applicant has been determined ineligible using the electronic web-based tool. The NF LOC Exception criteria and information on how to request an exception review is available on this website. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)

3.5 TELEPHONE INTAKE GUIDELINES

The Telephone Intake Guidelines are questions that identify potential PACE participants for further assessment. The Telephone Intake Guidelines do not determine program eligibility. Use of the Telephone Intake Guidelines is at the discretion of the PACE organization. The guidelines are available on the MDCH website. (Refer to the Directory Appendix for website information.)

3.6 ANNUAL RECERTIFICATION

MDCH must annually certify that PACE financial eligibility requirements continue to be met by the participant. In addition, PACE organizations must ensure that participants meet the Michigan Medicaid Nursing Facility Level of Care criteria on an ongoing basis, as demonstrated in the medical record. The electronic web-based tool must be completed only once for each admission. Initial comprehensive assessments, reassessments and progress notes must demonstrate that the participant has met the criteria on an ongoing basis.

The PACE federal regulation allows for continuing eligibility of those individuals who are determined through the annual recertification process to no longer meet the nursing facility level of care requirement if, in the absence of continued coverage under PACE, the individual would reasonably be expected to again meet the nursing facility level of care in the next six months.

3.7 RETROSPECTIVE REVIEW AND MEDICAID RECOVERY

At random and whenever indicated, MDCH will perform retrospective reviews to validate the Michigan Medicaid Nursing Facility Level of Care Determination. If the participant is found to be ineligible for PACE services, MDCH will recover all Medicaid payments made for PACE services rendered during the period of ineligibility.

3.8 ADVERSE ACTION NOTICE

When the provider determines that the beneficiary does not qualify for services based on the Michigan Medicaid Nursing Facility Level of Care Determination, the organization must immediately issue an adverse action notice to the beneficiary or his or her authorized representative. The action notice must include all of the language of the sample letters for long term care. Copies of the letters are available on this website. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)

As with any benefit denial, the beneficiary may request an administrative hearing. The Administrative Tribunal Policies and Procedures Manual explains the process by which each different case is brought to completion. The manual is available for review on this website. (Refer to the Directory Appendix of the Medicaid Provider Manual for Administrative Tribunal contact and website information.)

3.9 IMMEDIATE REVIEW-ADVERSE ACTION NOTICES

MDCH or its designee will review all pre-admission or continued stay adverse action notices upon request by a beneficiary or his representative. When a beneficiary requests an immediate review before noon of the first working day after the date of receipt of the notice:

- The MDCH designee will request that the PACE organization provide pertinent information by close of business the first working day after the date the beneficiary requests an immediate review.
- The MDCH designee will review the records, obtain information from the beneficiary or beneficiary representative, and notify the beneficiary and the provider of the determination by the first full working day after the date of receipt of the beneficiary request and the required medical records.

The beneficiary (or representative) may still request an MDCH appeal of the Michigan Medicaid Nursing Facility Level of Care Determination.

Beneficiaries may contact the MDCH designee to request an immediate review. (Refer to the Directory Appendix of the Medicaid Provider Manual for contact information.)

3.10 FREEDOM OF CHOICE

When an applicant has been qualified to receive services under the Nursing Facility Level of Care criteria, the beneficiary must be informed of his benefit options and elect to receive services in a specific program. This election must take place prior to initiating PACE services.

The applicant (or legal representative) must be informed of the following:

- services available under PACE
- services available in other community settings, such as the MI Choice Program
- services available through Medicaid-reimbursed nursing facilities

If applicants are interested in nursing facility or MI Choice Program care, the PACE organization must provide appropriate referral information using the Access Guidelines to Medicaid Services for Persons with Long Term Care Needs. These guidelines are available on this website. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)

Applicants must acknowledge that they have been informed of their program options in writing by signing the Freedom of Choice form that is witnessed by the applicant's representative when appropriate. A copy of the completed form for non-participants must be retained for a period of three years. The completed form must be kept in the medical record if the applicant chooses to receive PACE services.

A copy of the Freedom of Choice form is included with the Michigan Medicaid Nursing Facility Level of Care Determination on this website. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)

3.11 APPLICANT APPEALS

3.11.A. FINANCIAL ELIGIBILITY

A determination that an applicant is not financially eligible for Medicaid is an adverse action. Applicants may appeal such an action to the Michigan Department of Community Health.

3.11.B. FUNCTIONAL/MEDICAL ELIGIBILITY

A determination that a beneficiary is not functionally/medically eligible for PACE services is an adverse action. If the beneficiary and/or representative disagrees with this determination, they have the right to request an administrative hearing before an administrative law judge. Information regarding the appeal process may be found at the Administrative Tribunal portion of this website. Beneficiaries may appeal such an action to MDCH for Wayne County determinations and to the Michigan Department of Human Services (MDHS) for determinations in all other counties. (Refer to the Directory Appendix of the Medicaid Provider Manual for website information.)

3.12 PROVIDER APPEALS

A retrospective determination that a beneficiary is ineligible for PACE services, based on review of the functional/medical screening, is an adverse action for the PACE organization if MDCH proposes to recover payments made. If the PACE organization disagrees with this determination, it should refer to the Contract Dispute Section of their contract with MDCH.