

**Bulletin Number:** MSA 18-15

**Distribution:** Program of All-Inclusive Care for the Elderly (PACE) Providers

**Issued:** June 1, 2018

**Subject:** PACE Deeming Process

**Effective:** July 1, 2018

**Programs Affected:** Medicaid

The purpose of this bulletin is to update the PACE deeming language to include the requirements for a PACE participant to qualify for deeming. Under the Centers for Medicare & Medicaid Services (CMS) federal regulation 42 CFR 460.160(2)(3), the Michigan Department of Health and Human Services (MDHHS) may deem a participant who no longer meets the State Medicaid nursing facility level of care requirements to continue to be eligible for the PACE program if, in the absence of continued coverage under the program, MDHHS determines the participant reasonably would be expected to meet the nursing facility level of care requirement in the next six months.

To be eligible for deeming, a participant must meet the following requirements:

- Participant must have been receiving PACE services for at least the past six months and no longer than one year.
- Participant no longer meets nursing facility level of care requirements, including exception criteria.
- In the absence of continued coverage under PACE, the participant reasonably would be expected to meet the nursing facility level of care requirement in the next six months.

When a deemed PACE participant has been in the program for one year, the PACE organization must conduct an in-person annual reassessment to determine if the participant meets nursing facility level of care requirements.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-979-4662.

Approved.

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive style with a large initial "K".

Kathy Stiffler, Acting Director  
Medical Services Administration