

**PACE PROGRAM**

Name and address of State Administering Agency, if different from the State Medicaid Agency.

---

I. Eligibility

The State determines eligibility for PACE enrollees under rules applying to community groups.

A. X The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902(a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the eligibility groups specified under these provisions in the statute and regulations. The applicable groups are:

- Individuals who meet a special income level of 300% of the SSI Federal Benefit Rate (FBR) in accordance with 42 CFR § 435.236.
- Note: Spousal impoverishment eligibility rules under Section 1924 of the Social Security Act apply.

(If this option is selected, please identify, by statutory and/or regulatory reference, the institutional eligibility group or groups under which the State determines eligibility for PACE enrollees. Please note that these groups must be covered under the State's Medicaid plan.)

B. \_\_\_\_\_ The State determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II - Compliance and State Monitoring of the PACE Program.

C. X The State determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the State's approved HCBS waiver(s).



## (C.) Family (check one):

1. ☐ AFDC need standard
2. ☐ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. ☐ The following dollar amount: \$ \_\_\_\_\_  
Note: If this amount changes, this item will be revised.
4. ☐ The following percentage of the following standard  
that is not greater than the standards above: \_\_\_\_\_ %  
of \_\_\_\_\_ standard.
5. ☐ The amount is determined using the following formula:  
\_\_\_\_\_  
\_\_\_\_\_
6. ☐ Other
7. ☒ Not applicable (N/A)

(2). Medical and remedial care expenses in 42 CFR 435.726.

**Regular Post Eligibility**

2. ☐ 209(b) State, a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a) **42 CFR 435.735**--States using more restrictive requirements than SSI.

1. Allowances for the needs of the:
  - (A.) Individual (check one)
    1. ☐ The following standard included under the State plan (check one):
      - (a) ☐ SSI
      - (b) ☐ Medically Needy
      - (c) ☐ The special income level for the institutionalized
      - (d) ☐ Percent of the Federal Poverty Level: \_\_\_\_\_ %
      - (e) ☐ Other (specify): \_\_\_\_\_



### Spousal Post Eligibility

3. \_\_\_\_\_ State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(a.) Allowances for the needs of the:

1. Individual (check one)

(A). \_\_\_\_\_ The following standard included under the State plan (check one):

1. \_\_\_\_\_ SSI
2. \_\_\_\_\_ Medically Needy
3. \_\_\_\_\_ The special income level for the institutionalized
4. \_\_\_\_\_ Percent of the Federal Poverty Level: \_\_\_\_\_ %

(B). \_\_\_\_\_ The following dollar amount: \$ \_\_\_\_\_  
Note: If this amount changes, this item will be revised.

---

- The District engaged an actuary to conduct preliminary estimates of Medicaid FFS costs to identify the amount that would otherwise have been paid (AWOP) for PACE. The general methodology developed by the actuary for the Medicaid FFS cost estimates is described in the attachment. The District will use that methodology to ensure the final payment rates remain below the PACE AWOP.

C. The State will submit all capitated rates to the CMS Regional Office for prior approval.

III. Enrollment and Disenrollment

The State assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the State and the State Administering Agency. The State assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the State's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month.