

PACE Request for Deeming of Continued Eligibility for Nursing Facility Level of Care

Deemed Continued Eligibility Procedure – Process initiated when PO believes individual still needs PACE services but person no longer meets nursing home level of care

1. The PACE organization (PO) will submit a request for Deemed Continued Eligibility to OHCA
2. With the request the PO will be required to submit the following documentation from the participants medical record:
 - a. *Justification summary from the Interdisciplinary Team (IDT)*
 - b. *Initial and Most Recent LOC assessment*
 - c. *Diagnosis of a chronic and/or disabling condition*
 - d. *Most recent comprehensive assessment by relevant disciplines*
 - e. *Medication and Treatment records*
 - f. *Other relevant documentation supporting the request*
3. OHCA will review all documentation and respond within 14 days upon receipt of the request and all supporting documentation
4. As part of the decision making process OHCA may request an onsite visit to meet with the participant, conduct its own LOC assessment and/ or request additional information as deemed necessary.
5. The PO will be notified of the OHCA's decision in writing.
6. If OHCA deems continued eligibility, the PO will be notified in writing and enrollment in PACE continues until the next annual assessment. The PO will continue to conduct annual reassessments for LOC and may request Deemed Continued eligibility each year as appropriate.
7. If, based on the review of the request and supporting documentation, OHCA determines that the participant does not qualify for Deemed continued eligibility, the PO will follow the involuntary disenrollment policy.

PACE Request for Deeming of Continued Eligibility for Nursing Facility Level of Care

To request that a participant be deemed to have continued eligibility for Nursing Facility Level of Care, complete the information below and attach all required documents listed on the form and submit to Oklahoma Health Care Authority (OHCA), PACE staff within 30 days prior to the due date for annual recertification.

Date: _____

Recertification Due Date: _____

Last LOC Assessment Date: _____

Name of PACE Organization: _____

Name of Requestor: _____

Name of PACE Participant: _____

PACE Participant Member I.D.: _____

OHCA will initiate review of the request when all of the documents have been received. Omitting any information requested below may delay approval and jeopardize a participant's eligibility for continued enrollment in PACE.

- Justification summary from the interdisciplinary Team (IDT)
- Initial and Most Recent LOC assessment
- Diagnosis of a chronic and/or disabling condition
- Most recent comprehensive assessment by relevant disciplines
- Medication and Treatment records
- Other relevant documentation supporting the request

Above request is:

Approved/ Date: _____

Denied/ Date: _____

Name and Title of Reviewer: _____

Signature: _____

Date: _____