



PURPOSE/OBJECTIVE

The PACE Your LIFE Program protects each participant's right to voluntarily disenroll from the Program at any time without cause or fear of reprisal.

PROCEDURE

1. At no time will PACE Your LIFE, its employees, or contractors engage in any practice that would reasonably be expected to have the effect of steering or encouraging disenrollment of participants due to a change in health status.
2. A participant must notify a member of the Interdisciplinary Team (IDT) of their intention to disenroll from the PACE Your LIFE Program.
3. The IDT member will bring this to the immediate attention of the IDT and the Program Director.
4. The Social Worker and Program Director will convene a meeting with the participant and the participant's representative and/or family member, as appropriate, to:
 - a. Discuss events leading up to the decision for disenrollment
 - b. Ensure that no employee or contracted provider has influenced the decision to disenroll
 - c. Ascertain the reason for disenrollment and offer a plan for resolution and a means to have the participant remain in the Program
 - d. Include steps in the plan to be put in place that will ensure the situation does not occur again
 - e. Reinforce the benefits of staying enrolled
 - f. Review the disenrollment process
 - g. Discuss the participant's needs upon disenrollment for continuity of care
5. Voluntary disenrollment is effective on the first day of the month following the receipt of the signed and dated Disenrollment Form from the participant.
6. The Disenrollment Form will be scanned into the electronic health record (EHR).
7. A copy of the Disenrollment Form will be given to the participant.

8. A Disenrollment Summary will be completed by the Social Worker outlining the information in Bullet #3 above, as well as the proposed effective date of disenrollment.
9. The Social Worker will develop the discharge plan and follow-up with the participant and family and will make any needed community referrals to ensure continuity of care.
10. All information relating to the disenrollment process will be centrally documented in the participant's EHR.
11. All discharge summaries and disenrollment documentation must be documented and available for review upon request by the CMS and the State Administering Agency.
12. Disenrollment summaries will be forwarded to the Quality Improvement Committee for review and tracking in the Quality Improvement Program for trends and potential areas of improvement. Any recommendations will be shared with the IDT.