2025 PACE Contract:

Substantive Changes Effective January 1, 2025

Article I: Definitions

- Adding definitions for Competitive Integrated Employment, centralized provider enrollment system, HCBS Settings Rule Modification, program Integrity Abuse, and third-party delegate.
- Updating definitions for physical abuse and sexual abuse.

Article II: PACE Organization Governance and Consumer and Member Involvement

- Increasing required member advisory committee meetings from once to twice per year. (Art. II.B.2.)

Article III: Eligibility

- New requirement to disclose monthly amount attributable to services and supervision to residential providers, upon request. (Art. III.D.4.)

Article IV. Enrollment and Disenrollment

- Clarifying, if a PO obtains information that may result in a member being disenrolled, they are required to inform the member's ADRC (Art. IV.B.2.)

Article V. Care Management

- New requirements on identifying risks:
    - Comprehensive Assessments must include all identified risks to the member (Art. V.C.1.a.)
    - Reassessments must identify member risks and include plans to address, mitigate and reduce those risks – even if the member is not currently willing to address the risk. IDTs must regularly review these risk and mitigation plans with members. (Art. V.F.d.)
    - Required training and guidance policies for IDT staff regarding identified risks to members; required documentation for said policies. (Art. V.H.1.)
- New Guidance on AIRS:
    - Member Exploitation incidents that must be reported in AIRS include those where a member is a perpetrator of exploitation. (Art. V.I.6.d.)
    - POs may use a 'proxy member' in AIRS for certain situations. (Art. V.I.7.c.)
    - POS will immediately respond to all DHS Notices within one (1) business day, and complete all follow-up activities as required. (Art. V.I.8.)
- New requirement: POs must authorize and arrange services and supports for members to be discharged from the hospital in a timely manner. (Art. V.D.1.)
- New requirement: MCP and comprehensive assessment documentation requirements to ensure compliance with the HCBS Settings Rule. (Art. V.C.1.c.x.)
- Removing expedited re-enrollment assessment procedures. (Art. V.F.)
- Adding required reassessment timelines from 42 CFR 460.104(d) and 460.106. (Art. V.F.2.)

- Updated guidance on permissible PO use of text messaging for member contact. (Art. V.G.3.)

Article VII: Services

- New requirement: If the PO offers remote monitoring the PO must develop, and submit for Departmental review, policies and procedures for remote monitoring services support. (Art. VII.B.3.)

Article VIII. Provider Network

- Clarifying that provider agreements must include language requiring the provider to follow the PO's own policies prohibiting all forms of abuse, neglect, exploitation and mistreatment of members (Art. VIII.D.25)
- Changes to PO responsibilities to verify provider credentials, enrollment, and background checks (Art. VIII.G.)
- Adding requirement that POs must verify a Notice of Compliance with HCBS Settings Rule for specified providers. (Art. VIII.G.5.a-e)
- Adding process to enroll providers as a third-party delegate (Art. VIII.G.6)
- Removing State Directed Payments (Art. VIII.L.)

Article IX. Marketing and Member Materials

- Adding provider race/ethnicity information to the provider directory (if available and provider does not opt out of publication) (Art. IX.D.5.i)

Article X. Member Rights and Responsibilities

- Clarifying member's right to have full and confidential access to an ombudsman or other advocate (Art. X.B)

Article XI. Grievances and Appeals

- Clarifying that a PO-administered long term care functional screen result is appealable only if it results in a change of level of care or loss of functional eligibility (Art. XI.B.1.a-b)
- Adding PACE definition of grievance from 42 CFR 460.120(b) (Art. XI.B.3.)
- Clarifying guidelines for PO release of member's HIPAA information to advocacy agencies (Article XI.C.5.c.i)
- Removing required templates for notice of adverse benefit determination and notice of non-covered benefit (Art. XI.D.1.a-c.)
- Adding grievance resolution process and requirements from 42 CFR 460.120 (Art. XI.E. and F.)
- Removing process for denied expedited appeal requests (Art. XI.F.5.f.)

Article XII. Quality Management

- Adding that the PO must analyze incident reporting data from AIRS (Art. XII.C.3.h)

Article XIII. MCO Administration

- Adding that the PO must submit a Program Integrity Plan with the required policies and procedures during the PO annual recertification process and approved prior to the effective date of the new contract year (Art. XIII.K.)

- Updating the requirement for the PO to submit a preliminary investigation report for any suspected fraud, waste or abuse involving the program within two (2) days of identification (Art. XIII.K.2)
- Adding that PO must submit a Program Integrity report for each contracted LTC program to the Department on a quarterly basis (Art. XIII.K.2.e)
- Clarifying that providers, not POs, shall request a good cause exception from the Department's Office of Inspector General (OIG) in the event an PO suspends payment to the provider due to credible allegations of fraud (Art. XIII.K.3)

Article XIV. Reports and Data

- Adding that POs must submit new or updated SDS worker information to ForwardHealth on a daily basis (Art. XIV.C.2)
- Adding requirement that monthly PO network file is due on the 10th and must include all Medicaid-enrolled providers who are contracted with the PO (Art. XIV.C.3)

Article XVI. Contractual Relationship

- Adding an informal, DHS-level reconsideration process for POs that are placed under a corrective action plan (CAP) (Art. XVI.E.2.f.i)

Article XVII. Fiscal Components/Provisions

- Updating deadline for PO's audited financial statements are due (Article XVII.E.1)
- Adding that PO financial audit reports must include the number of claims sampled from payments by fiscal management agencies (FMAs) for self-directed supports (SDS) claims and the (Art. XVII.E.3.j)

Article XIX. MCO Specific Contract Terms

- Clarifying target groups 1 and 3 include persons with irreversible dementia rather than Alzheimer's disease alone (Art. XIX.F.)

Addendum VI. Benefit Package Service Definitions

- Updating Benefit Package Service Definitions in accordance with 2025 1915c waiver renewal