

**Enclosure 3**

**State of \_\_\_\_\_  
PACE State Plan Amendment Pre-Print**

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(26) and 1934

\_\_\_\_\_ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1027**. Expiration date: XX XX XXXX  
The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Enclosure 4**

**State of \_\_\_\_\_**

**PACE State Plan Amendment Pre-Print**

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)  
1905(a)(26) and 1934

\_\_\_\_\_ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1027**. Expiration date: XX XX XXXX  
The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Enclosure 5**

Attachment 3.1-A

**State of \_\_\_\_\_  
PACE State Plan Amendment Pre-Print**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

\_\_\_\_\_ Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

\_\_\_\_\_ No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1027**. Expiration date: XX XX XXXX  
The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Enclosure 6**

Attachment 3.1-B

**State of \_\_\_\_\_  
PACE State Plan Amendment Pre-Print**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Medically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

\_\_\_\_\_ Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

\_\_\_\_\_ No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1027**. Expiration date: XX XX XXXX  
The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Enclosure 7**

Supplement 3 to Attachment 3.1-A

**State of \_\_\_\_\_  
PACE State Plan Amendment Pre-Print**

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. \_\_\_\_\_ 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:

(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. \_\_\_\_\_ 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).

**Regular Post Eligibility**

TN No.: \_\_\_\_\_  
Supersedes

Approval Date \_\_\_\_\_  
Effective Date \_\_\_\_\_

TN NO.: \_\_\_\_\_

1. \_\_\_\_\_ SSI State. The State is using the post-eligibility rules at 42 CFR 435.726. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a). Sec. 435.726--States which do not use more restrictive eligibility 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): \_\_\_\_\_

2. \_\_\_\_\_ The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

3. \_\_\_\_\_ The following formula is used to determine the needs allowance:

\_\_\_\_\_  
\_\_\_\_\_

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

(B.) Spouse only (check one):

1. \_\_\_\_\_ SSI Standard

2. \_\_\_\_\_ Optional State Supplement Standard

3. \_\_\_\_\_ Medically Needy Income Standard

4. \_\_\_\_\_ The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

5. \_\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_% of \_\_\_\_\_ standard.

6. \_\_\_\_\_ The amount is determined using the following formula:

\_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_ Not applicable (N/A)

(C.) Family (check one):

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TN No.: \_\_\_\_\_  
Supersedes

Approval Date \_\_\_\_\_  
Effective Date \_\_\_\_\_

Enclosure 7, Page 2

TN NO.: \_\_\_\_\_

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): \_\_\_\_\_
    2. \_\_\_ The following dollar amount: \$\_\_\_\_\_
 

Note: If this amount changes, this item will be revised.
    3. \_\_\_ The following formula is used to determine the needs allowance:
 

\_\_\_\_\_

TN No.: \_\_\_\_\_  
Supersedes

Approval Date \_\_\_\_\_  
Effective Date \_\_\_\_\_

Enclosure 7, Page 3

TN NO.: \_\_\_\_\_

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Note: If the amount protected for PACE enrollees in item 1 is **equal to, or greater than** the maximum amount of income a PACE enrollee may have and be eligible under PACE, **enter N/A in items 2 and 3.**

(B.) Spouse only (check one):

1. \_\_\_\_\_ The following standard under 42 CFR 435.121:  
\_\_\_\_\_
2. \_\_\_\_\_ The Medically needy income standard  
\_\_\_\_\_
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. \_\_\_\_\_ Not applicable (N/A)

(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)

(b) Medical and remedial care expenses specified in 42 CFR 435.735.

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TN No.: \_\_\_\_\_  
Supersedes

Approval Date \_\_\_\_\_  
Effective Date \_\_\_\_\_

TN NO.: \_\_\_\_\_



**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: \_\_\_\_\_%
- 5. \_\_\_\_\_Other (specify):\_\_\_\_\_

(B).\_\_\_\_\_The following dollar amount: \$\_\_\_\_\_

Note: If this amount changes, this item will be revised.

(C).\_\_\_\_\_The following formula is used to determine the needs allowance:

\_\_\_\_\_  
\_\_\_\_\_

If this amount is different than the amount used for the individual’s maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual’s maintenance needs in the community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Rates and Payments**

TN No.:\_\_\_\_\_  
Supersedes

Approval Date\_\_\_\_\_  
Effective Date\_\_\_\_\_

TN NO.:\_\_\_\_\_

A. The State assures CMS that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service State plan approved services on a fee-for-service basis, to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that rates are less than the cost in fee-for-service.

1. \_\_\_ Rates are set at a percent of fee-for-service costs
2. \_\_\_ Experience-based (contractors/State's cost experience or encounter date)(please describe)
3. \_\_\_ Adjusted Community Rate (please describe)
4. \_\_\_ Other (please describe)

B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the initial capitation rates.

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.

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TN No.: \_\_\_\_\_  
Supersedes

Approval Date \_\_\_\_\_  
Effective Date \_\_\_\_\_

TN NO.: \_\_\_\_\_

