

Department of Human Services
 Division of Aging Services
 Office of Community Choice Options

<input type="checkbox"/> SSI

To: Northern OCCO Office
 Southern OCCO Office
 CWA / Board of Social Services (*CP-23 not sent to CWA if on SSI*)

Date: _____

From: _____
 PACE Administrator and Provider Name

 Address

 Phone

This notice is to advise you that the individual identified below wishes to/has been disenrolled from the PACE program. Please prepare and submit the appropriate Medicaid Status File input documents in accordance with related Operational Procedures.

Name:	Medicaid Number:	Social Security Number:
Street Address:	Requested Disenrollment Date:	
City, State, Zip Code:	Participant Receives SSI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason(s) for Disenrollment:

- Participant is deceased. Date of Death: _____
- Participant no longer meets the clinical eligibility criteria for nursing facility level of care under the New Jersey Medicaid Program in accordance with N.J.A.C. 8:85-2.1 and the participant has not filed for (or exhausted) his/her fair hearing rights.
- The services required by the participant to be adequately cared for are not available in the PACE program.
- Participant has moved out of the PACE program service area or is out of the service area for more than 30 days, without the PACE organization agreeing to a longer absence due to extenuating circumstances.
- Participant voluntarily withdraws from the PACE program.
Important: The PACE provider must submit to OCCO a completed CP-18 PACE Participant Withdrawal form, which identifies the reason for the withdrawal and includes the participant's signature, when a voluntary withdrawal is requested. If the participant chooses not to sign the form, it may be submitted without his/her signature with a notation indicating participant's refusal to sign.
- Participant is involuntarily withdrawn from the PACE program following submission and approval by DoAS Central Office.
- Other: _____

Clinical Eligibility Status:

Date of most recently authorized NF LOC assessment:
 OCCO reassessment needed for:

- PACE participant with Deemed Continued Eligibility wishing to enroll in a program requiring NF LOC eligibility, e.g., MLTSS or JACC
- PACE participant requires a Special Care Nursing Facility (SCNF)

Name of PACE Administrator (Print)	REMOVE THIS BOX
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OCCO SECTION	
DISENROLLMENT REQUEST OUTCOME:	
Disenrolled: <input type="checkbox"/> Date of Disenrollment:	Not Disenrolled: <input type="checkbox"/> Reason:
Name of OCCO Representative:	Date:

c: Participant Participant Representative
 CP-23 Notice of PACE Disenrollment
 DEC 20