

TO: _____ FROM: _____ Date submitted: _____

I. Consumer Information: New Enrollment Revised Disenrollment

Name: _____ Medicaid ID: _____ Sex: Female Male
Address: _____ City: _____ Zip: _____
Phone: _____ SSN: _____ Date of Birth: _____
Responsible Person/Contact: _____ Home Phone: _____ Work Phone: _____

II. ELIGIBILITY INFORMATION: (to be completed by EES Specialist)

EES Specialist: _____ Phone: _____ Fax or E-Mail: _____
Customer Medicaid Status: Case #: _____
 SI Recipient Spendown QMB/LMB Recipient Approximate Participant Obligation: _____
 Not a current recipient Application needed Application Received on: _____
 Denial/Ineligible for PACE due to: _____
Current PACE Status:
 PACE Approved Effective: _____ Participant Obligation: _____ Next Review: _____
Review Completed: Approved Next Review: _____ Denied due to: _____
Participant Obligation change effective: _____ New Participant Obligation: _____
Additional
Comments:

III. LEVEL OF CARE INFORMATION (to be completed by KDOA)

Annual Reassessment.

Assessment Date: _____ LOC Score: _____ Threshold Met? Yes No
Assessors Name: _____ Agency: _____
 Deemed Eligible Ineligible Waived Eligible, special approval required, approved by: _____
KDOA Representative: _____ Date: _____
Services Currently being Received:

IV. PACE ENROLLMENT INFORMATION (to be completed by PACE Provider)

Financial App sent

Medicaid Referral Service Information PACE Provider: _____ Anticipated Enrollment Date: _____
Case Manager: _____ Phone: _____ Fax or E-mail: _____
COMPLETE FOR NEW PACE APPLICANTS:
Enrollment accepted: Date of PACE Assignment: _____
Enrollment denied by customer: Reason: _____
PACE Team denied enrollment: Reason: _____
COMPLETE FOR CURRENT PACE ENROLLEES:
Nursing Home Placement:
Temporary: Date: _____ Facility Name: _____ Est. Length of Stay: _____
Permanent: Date: _____ Facility Name: _____
Disenrollment information:
 Voluntary Disenrollment Effective Date: _____ Reason: _____
 Involuntary Disenrollment Effective Date: _____ State Approved
 Death Date of Death: _____
Comments:

NOTIFICATION OF PACE INFORMATION
Referral, Eligibility and Services Information

PACE REPRESENTATIVE SIGNATURE

Date

EES SPECIALIST SIGNATURE

Date

ATTACHMENTS YES NO