(1) You may choose to voluntarily end your enrollment in the PACE program without cause at any time. To do so, you must give the PACE provider written notice. A PACE participant's voluntary disenrollment is effective on the first day of the month following the date the PACE organization receives the participant's notice of voluntary disenrollment.

(2) Your enrollment may also end involuntarily if you:
   (a) Move out of the designated service area or are out of the service area for more than thirty consecutive days, unless the PACE provider agrees to a longer absence due to extenuating circumstances;
   (b) Engage in disruptive or threatening behavior such that the behavior jeopardizes your health or safety, or the safety of others;
   (c) Fail to comply with your plan of care or the terms of the PACE enrollment agreement;
   (d) Fail to pay or make arrangements to pay your part of the costs after the thirty-day grace period;
   (e) Become financially ineligible for medicaid services, unless you choose to pay privately;
   (f) Are enrolled with a provider that loses its license or contract, or both; or
   (g) No longer meet the nursing facility level of care requirement as defined in WAC 388-106-0205.

(3) For any of the above reasons, the PACE provider must give you written notice, including your appeal rights, explaining that they are terminating benefits. A PACE participant's involuntary disenrollment is effective on the first day of the next month that begins thirty days after the day the PACE organization sends notice of the disenrollment to the participant.

(4) Before the PACE provider can involuntarily end your enrollment in the PACE program, the department must review and approve it.

[Statutory Authority: RCW 74.08.090, 74.09.520, 74.39A.010, and 74.39A.020. WSR 20-13-027, § 388-106-0715, filed 6/9/20, effective 7/10/20; WSR 06-05-022, § 388-106-0715, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-11-082, § 388-106-0715, filed 5/17/05, effective 6/17/05.]