

2022 (old version)	2024 (new version)	Type of Change	Reason for Change	Burden Change
Under PRA Package 0938-1027	Moved to generic PRA Package 0938-1148	Revises package number	Our leadership requested that another PACE-related PRA package be submitted under the generic package, and therefore thought it best to move this package under the generic as well for consistency and to align renewals.	No
Enclosure 3 header, and "Program of All Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1 A."	Removed header, and revised to "Program of All Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement ___ to Attachment 3.1 A.".	Rev	The previous numbering began with Enclosure 3, and there are no Enclosures 1 or 2. Additionally, per the state plan lead division in the Medicaid and CHIP Operation Group (MCOG), the majority of states had removed those references from their submissions, so they are not included in those state plans. Therefore, we have removed those references altogether. The designation of "Supplement 3" has been replaced by "Supplement ___" to allow the supplement number to be inserted. MCOG, the group who is the lead for overall Medicaid state plans, confirmed that the supplement number is different for different states depending on the content of their state plan, and should not be a fixed number.	No

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

<p>Enclosure 4 header, and "Program of All Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1 A."</p>	<p>Removed header, and revised to "Program of All Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement ___ to Attachment 3.1 A."</p>	<p>Rev</p>	<p>The previous numbering began with Enclosure 3, and there are no Enclosures 1 or 2. Additionally, per the state plan lead division in the Medicaid and CHIP Operation Group (MCOG), the majority of states had removed those references from their submissions, so they are not included in those state plans. Therefore, we have removed those references altogether. The designation of "Supplement 3" has been replaced by "Supplement ___" to allow the supplement number to be inserted. MCOG, the group who is the lead for overall Medicaid state plans, confirmed that the supplement number is different for different states depending on the content of their state plan, and should not be a fixed number.</p>	<p>No</p>
<p>Enclosure 5 header, and "Program of All Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1 A."</p>	<p>Removed header, and revised to "Program of All Inclusive Care for the Elderly (PACE) services, as described in Supplement ___ to Attachment 3.1 A."</p>	<p>Rev</p>	<p>The previous numbering began with Enclosure 3, and there are no Enclosures 1 or 2. Additionally, per the state plan lead division in the Medicaid and CHIP Operation Group (MCOG), the majority of states had removed those references from their submissions, so they are not included in those state plans. Therefore, we have removed those references altogether. The designation of "Supplement 3" has been replaced by "Supplement ___" to allow the supplement number to be inserted. MCOG, the group who is the lead for overall Medicaid state plans, confirmed that the supplement number is different for different states depending on the content of their state plan, and should not be a fixed number.</p>	<p>No</p>

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

<p>Enclosure 6 header, and "Program of All Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1 A."</p>	<p>Removed header, and revised to "Program of All Inclusive Care for the Elderly (PACE) services, as described in Supplement ___ to Attachment 3.1 A."</p>	<p>Rev</p>	<p>The previous numbering began with Enclosure 3, and there are no Enclosures 1 or 2. Additionally, per the state plan lead division in the Medicaid and CHIP Operation Group (MCOG), the majority of states had removed those references from their submissions, so they are not included in those state plans. Therefore, we have removed those references altogether. The designation of "Supplement 3" has been replaced by "Supplement ___" to allow the supplement number to be inserted. MCOG, the group who is the lead for overall Medicaid state plans, confirmed that the supplement number is different for different states depending on the content of their state plan, and should not be a fixed number.</p>	<p>No</p>
<p>Enclosure 7 header, and "Supplement 3 to Attachment 3.1 A."</p>	<p>Removed header, and revised to "Supplement ___ to Attachment 3.1 A."</p>	<p>Rev</p>	<p>The previous numbering began with Enclosure 3, and there are no Enclosures 1 or 2. Additionally, per the state plan lead division in the Medicaid and CHIP Operation Group (MCOG), the majority of states had removed those references from their submissions, so they are not included in those state plans. Therefore, we have removed those references altogether. The designation of "Supplement 3" has been replaced by "Supplement ___" to allow the supplement number to be inserted. MCOG, the group who is the lead for overall Medicaid state plans, confirmed that the supplement number is different for different states depending on the content of their state plan, and should not be a fixed number.</p>	<p>No</p>

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Enclosure 7, 1st page: As of this writing, the ACA provision has been extended through December 31, 2019.	As of this writing, the ACA provision has been extended through September 30, 2027.	Rev	Revises the end date for the mandatory application of spousal impoverishment provisions.	No
Enclosure 7: Regular Post Eligibility *** Spousal Post Eligibility	I. Post Eligibility *** A. Regular Post Eligibility ** * B. Spousal Post Eligibility	Rev	We have added the header "I. Post Eligibility" and have added letters A. and B. to the sub-headers of Regular Post Eligibility and Spousal Post Eligibility.	
Enclosure 7: 209(b) States,	209(b) States	Rev	Removed extraneous comma	
II. A. 2. Experience-based (contractors/State's cost experience or encounter date)(please describe)	Experience-based (contractors/State's cost experience or encounter data)(please describe)	Rev	Corrects typo, where "date" should have been "data"	No

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

<p>II. C. The State will submit all capitated rates to the CMS Regional Office for prior approval, and will include the name, organizational affiliate of any actuary used, and attestation/description of the capitation rates.</p>	<p>II. C. The State will submit all capitated rates to CMS for prior approval, and will include the name, organizational affiliate of any actuary used, and attestation/description of the capitation rates.</p>	<p>Rev</p>	<p>Amends a reference to the requirement that states submit their rates to the CMS Regional Offices for prior review and approval to instead stipulate submission to CMS and removing the reference to the Regional Offices, since the term Regional Offices is no longer used as of the implementation of the One CMS initiative.</p>	<p>No</p>
<p>Footer for Enclosure 7: Enclosure 7, Page (#)</p>	<p>PACE State Plan Amendment - Page (#)</p>	<p>Rev</p>	<p>Revision in accordance with removal of "Enclosure" headers.</p>	

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.