



Program of All-inclusive Care for the Elderly

# ENROLLMENT

# AGREEMENT

*Revised: August 2020*

# PACE CNY

## Enrollment Agreement

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## 1. Welcome to PACE CNY

Loretto is pleased to introduce you to our program, PACE CNY. PACE CNY is a separate Not-for-profit corporation of Loretto, which, since 1926 has provided long term care services to the disabled and chronically ill in Onondaga County. We welcome you as a potential participant in the plan and urge you to review this booklet carefully. Feel free to ask questions about any of the sections. We'll be happy to answer them for you.

**Please keep this booklet.** If you decide to enroll in PACE CNY it becomes your Enrollment Agreement.

To be eligible for the program you must be:

At least 55 years of age

A resident of Onondaga County

Eligible for a nursing facility level of care as certified by New York State

Note: Additional conditions of enrollment must be met. Please refer to Section 10: Eligibility on page 14.

The purpose of PACE CNY is to help you remain as independent as possible. Enrollment is voluntary. The program provides and coordinates a complete range of health and health-related services, all designed to keep you living in the community and preferably in your own home, as long as is feasible. PACE CNY provides a comprehensive benefit package, which includes all of the services traditionally provided by Medicare and Medicaid. We are dedicated to providing a personalized approach to your care so that you, your family, and our health care staff can know each other well and work efficiently on your behalf.

PACE CNY provides access to services 24 hours a day, seven days a week, and 365 days a year. In order to care for the multiple chronic health problems of our participants, PACE CNY health care professionals monitor changes in your health status, provide appropriate care and encourage self-help. Physician, nursing, nutrition services, adult day care, physical therapy, occupational therapy, social work, in-home personal care and emergency services are covered and coordinated, along with such medical specialty services as audiology, dentistry, optometry, podiatry, psychiatry and speech therapy. In addition, PACE CNY covers hospital and nursing home care through contracted facilities. PACE CNY may help modify the home environment to increase safety and convenience. We will work with family, friends and neighbors to keep you living at home or in a community residence as an alternative to nursing home placement.

Some of the terms used in this document may not be familiar to you. Please refer to the "Definitions" Section 17 for explanations of the terms used or ask for additional help. If you need assistance with understanding the information in this handbook, please contact PACE CNY at (315) 452-5800.

## 2. Special Features of PACE CNY

PACE CNY, a Program of All-inclusive Care for the Elderly, is a special program authorized by New York State and the Centers for Medicare and Medicaid Services (CMS) designed to

provide an alternative to those elders who prefer not to move into a nursing home, but whose medical problems make it impossible for them to stay at home without the help from doctors, nurses, social workers, and other caregivers.

If you decide to join PACE CNY, you will be enrolling in a managed long-term care plan. Managed Care is a way to provide you with all the health and long term care services you need from one responsible program, such as PACE CNY. Our program will coordinate all your health and long term care needs through its doctors, nurses, personal care attendants, therapists and other members of the PACE CNY interdisciplinary team. We will provide you with a list of all providers in the PACE CNY network. When selecting PACE CNY, you agree to only receive services from the providers on that list.

By managing all your health and long term care services through an interdisciplinary team, problems are identified, preventive care promoted and hopefully emergency room or hospital stays avoided.

PACE CNY strives to keep seniors as active as possible and living at home as long as is feasible.

Special features of the program include:

A. **Interdisciplinary Care Team (IDT)** - In order to decide what services are most important to help you remain at home, a team of health care professionals, called the PACE CNY interdisciplinary care team, meets with you and, as appropriate, your caregiver, to assesses your medical, physical, social and emotional needs, discusses what is important to you, and develops an evolving care plan tailored to your individual concerns. The care team includes a primary care provider (physician or nurse practitioner), day center manager, registered nurses, social workers, dietitian, physical, occupational, and recreational therapists, home care coordinator, personal care attendants, and drivers. Each member of the care team shares their insights with each other regarding your care needs and jointly collaborates to develop your care plan. This interdisciplinary approach results in a very comprehensive, written plan of care to meet your needs.

The participant and caregiver are an integral part of the care planning process and the treatment plan will be developed, reviewed and reevaluated with input from you and/or your caregiver.

B. **Authorization of Care** - To ensure you are receiving the most appropriate care, your team must review and jointly approve any change in your care plan, whether adding, changing, or discontinuing a service (except in certain emergencies - see Section 7). Your team will authorize a service only when the IDT determines it meets a participant's medical, physical, emotional or social need. The team will reassess your health care needs at least every six months, more frequently if needed, and upon request.

C. **Location of Service Delivery** - You will receive most of your health care services in one of our PACE centers. **The PACE Center is a multi-purpose center that provides you with health care, nutritious meals, activities, and opportunities to socialize and make new friends.**

We will work with you and your family to determine your schedule to our day center based on your individual care needs. Our drivers will provide transportation to the center, if you need it. Site selection is determined geographically.

Our centers are:

*Sally Coyne Center  
100 Malta Lane  
North Syracuse NY 13212*

*Catherine McAuliffe Center  
115 Creek Circle  
East Syracuse, NY 13057*

When the IDT determines it meets a participant's medical, physical, emotional or social need, services may also be provided in your own home, in a hospital or in a nursing home. Your PACE CNY primary care provider will be an active member of the health care team and will manage your specialty and hospital care. We have contracts with physician specialists (such as cardiologists, urologists, and orthopedists), with a pharmacy, laboratory and diagnostic testing services (X-rays, etc.), and with hospitals and nursing homes. Services may be provided at their respective locations. Our drivers may also provide transportation to the hospital and other appointments the interdisciplinary team arranges for you.

Through our staff and facilities we offer access to care and maintain written care plans to meet the needs of each PACE CNY participant across all care settings.

- D. **Primary Care Providers** - Your PACE CNY primary care provider and other contracted providers responsible for your care will be members of the PACE CNY interdisciplinary team. Therefore, all of your providers, as members of our team, will know exactly what services you are receiving and what care is planned for you.
- E. **Flexibility of Care** – Unlike traditional Medicare and Medicaid, PACE CNY has the flexibility to provide care according to your needs and can access the services that are required to meet those needs. The interdisciplinary team will determine with you the appropriate care that will help maintain your optimal health and ability to stay at home. In-home services will also be evaluated and provided by the team according to your needs.
- F. **Services are provided exclusively through PACE CNY.** Once you have enrolled in PACE CNY, you agree to receive all Medicare and Medicaid benefits and Covered Services exclusively through PACE CNY. You will have access to all the appropriate care you need through the provision of care directly by the PACE CNY team or by arrangements PACE CNY has made with a variety of providers. Because PACE CNY provides a broad service package and pays for Covered Services, we seek efficient and effective delivery of health services. All services (other than emergency services) including primary care and specialist physician services must be furnished by or authorized by PACE CNY. Therefore, there will be no reimbursement from PACE CNY or from Medicare and Medicaid for services not approved in advance by PACE CNY, except in certain emergency situations as described in Section 7. Participants may be fully and personally liable for the costs of unauthorized or out-of-PACE CNY program agreement services.

### **3. Advantages of Enrolling in PACE CNY**

This plan was designed and developed specifically to promote independence among frail elders by offering comprehensive, coordinated services through a single organization. Our unique organizational and financing arrangements allow us to provide flexible benefits. Other advantages of participating in the plan include:

- A. Loretto's lengthy history of serving the community and the elderly.
- B. Dedicated qualified health professionals that get to know you personally.
- C. Complete long-term care coverage.
- D. One provider to oversee your care whether at home, in a hospital or in a Nursing Home.
- E. Support for family and caregivers in their efforts to keep you at home.
- F. Comprehensive, individualized care plans based on your medical and supportive needs.

### **4. Philosophy of Medical Management**

#### **A. Primary Care**

PACE CNY medical care concentrates on the unique challenges facing elders. As a PACE participant, you will receive all of your primary medical care from PACE CNY physicians and nurse practitioners or community based physicians who contract with PACE CNY to provide primary care services. These individuals have geriatric care experience and understand the special needs of the elderly. They are key members of the PACE Team and work closely with contracted specialists to provide comprehensive care.

In the event a community based primary care physician leaves the PACE Network, participants receiving primary care services from that physician will be notified by PACE CNY and will be assisted in selecting a new primary care physician from within the PACE network.

#### **B. Your Involvement in Health Care Decisions**

You and, if you wish, your family will be involved in making health care decisions. The PACE Primary Care Provider will help to educate you about your health conditions and explain treatment options.

PACE welcomes the continued involvement of family members if you provide proper authorization. We encourage your family to attend the bi-annual clinic reassessments. It is also beneficial for your family to attend outside specialist appointments with you. For times when your family cannot be present, we ask that you identify a family member to act as our primary contact person. Multiple contacts can lead to confusion.

#### **C. Use of Specialists**

PACE CNY contracts with specialists who will provide consultative services to assist our medical staff in managing your specialized health care needs. Specialist appointments must be authorized by the PACE Team and are scheduled by the PACE clinic staff. You

will be provided a copy of the PACE CNY contracted provider listing prior to enrolling in our program.

#### **D. Medications**

As you age, the cumulative effects of multiple medications may be detrimental to your health and may result in falls, loss of appetite, weight loss, loss of balance, nausea, diarrhea, fatigue and possibly other symptoms. Our goal is to reduce the number of medications you are taking to those that are essential to your health and well-being. You may actually be able to live a longer and healthier life by reducing some unnecessary medications.

### **5. Benefits and Coverage/Coordination of Other Medical Services**

There are many kinds of care provided by PACE CNY. Your PACE CNY interdisciplinary team knows about the kind of services available and will decide with you what is best to meet your needs and care preferences. PACE CNY provides a comprehensive benefit package, which includes all of the services traditionally provided by Medicare and Medicaid. The majority of services are provided directly by PACE CNY staff. PACE CNY has contracted with a number of specialists and health care facilities for specialty care. A list of these providers and facilities will be provided to you prior to enrollment. PACE CNY guarantees access to services, but not to a specific provider.

**The following benefits (Sections A through G) are fully covered when the interdisciplinary team determines that they meet a participant's medical, physical, emotional or social need and approves them prior to delivery:** (See Section 9 for important exclusions and limitations. Advance approval is not required for Emergency Services as described in Section 7.)

#### **A. Day Health Center**

##### **Interdisciplinary assessment and treatment planning**

- Primary Medical Care, including primary care provider and nursing services
- Social Services
- Restorative Therapies, including physical and occupational services
- Personal care and supportive services
- Nutritional Counseling
- Recreational Therapy
- Meals

#### **B. Outpatient Health Services**

General medical and specialist care, including consultation, routine care, and periodic physical examinations (included but not limited to Anesthesiology, Cardiology, Dermatology, Gastroenterology, Gynecology, Internal Medicine, Nephrology, Neurology, Neurosurgery, Oncology, Ophthalmology, Oral surgery, Orthopedic surgery, Otorhinolaryngology, Plastic surgery, Pulmonary disease, Psychiatry, Radiology, Rheumatology, General Surgery, Thoracic and Vascular Surgery, Urology)

- Nursing care
- Medical social service (social work)
- Physical, Occupational, Speech, and Respiratory therapies
- Nutrition counseling, education, and support, including tube feedings, total parenteral nutrition, or peripheral parenteral nutrition
- Laboratory tests, x-rays and other diagnostic procedures
- Prescription and over the counter drugs as ordered by a network physician and obtained through a network pharmacy – **Note: if you have Medicare Part D plan, PACE CNY now becomes your Prescription Drug Plan. And, after enrolling in PACE CNY, if you choose to enroll in another Part D Plan, you will be automatically disenrolled from PACE CNY.**
- Pharmacy consulting services
- Prostheses, orthotics, and durable medical equipment (per Medicare and Medicaid guidelines) and repairs and maintenance
- Podiatry, including routine foot care
- Vision care, including periodic examinations, treatment and corrective vision devices such as eyeglasses and lenses, and repairs and maintenance
- Mental health services
- Substance use disorder services
- Audiology, including evaluation, hearing aids, repairs and maintenance
- Recreational Therapy
- Dentistry, including dentures and repair and maintenance

### C. Hospital Inpatient Services

Hospital Inpatient Services means diagnostic or treatment services provided in a hospital to a PACE CNY Participant admitted to that hospital. This includes:

- Semi-private room and board (private room when the IDT determines it meets a participant's medical, physical, emotional or social need)
- General medical and nursing services (private duty nursing when the IDT determines it meets a participant's medical, physical, emotional or social need)
- Medical, surgical/ intensive care/ coronary care unit services ( when the IDT determines it meets a participant's medical, physical, emotional or social need)
- Laboratory tests, x-rays and other diagnostic procedures
- Drugs and biologicals
- Blood and blood derivatives
- Surgical care, including the use of anesthesia
- Use of oxygen
- Physical, speech-language pathology, occupational, and respiratory therapies
- Medical social services and discharge planning
- Ambulance
- Emergency Room Care and Treatment Room Services
- Mental Health and Substance Use Disorder Services

Inpatient hospital services do not include non-medical items primarily for your personal convenience (such as telephone, radio, or television rental) unless the IDT determines it necessary to meet a participant's medical, physical, emotional or social need.

#### **D. Home Health**

- Skilled Nursing services
- Physical, Occupational, Speech and Respiratory therapies
- Medical social service
- Personal Care Attendant/Home Health Aide services
- Homemaker/chore services
- Home-delivered meals with special diets (when the IDT determines it meets a participant's medical, physical, emotional or social need)
- Physician Visits
- Personal Emergency Response Systems (Lifeline)

#### **E. Consumer Directed Personal Assistance Service (CDPAS)**

- CDPAS enables self-directing participants (or their designated representative) receiving home care services greater flexibility and freedom of choice in obtaining services. The scope of services that may be authorized through CDPAS include tasks provided by a Personal Care Aide, Home Health Aide, Licensed Practical Nurse or Registered Professional Nurse. This Service is subject to Federal and State regulations.

#### **F. Health Related Services**

- Transportation and Escort Services
- Translation services for medical appointments as (when the IDT determines it meets a participant's medical, physical, emotional or social need)
- Assistance with financial management
- Social and Environmental Supports

#### **G. Nursing Home**

- Semi-private room and board (private room when the IDT determines it meets a participant's medical, physical, emotional or social need)
- Physician and skilled nursing services (private duty nursing when the IDT determines it meets a participant's medical, physical, emotional or social need)
- Custodial (long term) care
- Personal care and assistance
- Drugs and biologicals
- Physical, occupational and recreational therapies and speech-language pathology, if the IDT determines it meets a participant's medical, physical, emotional or social need
- Medical social services
- Medical supplies and appliances

Under nursing home care, a semi-private room will be provided to you as well as other PACE CNY services, as determined appropriate by our interdisciplinary team. Not provided in the PACE CNY service plan are non-medical items for your personal convenience such as telephone charges and radio or television rental unless authorized by the PACE Team.

There may be times when the interdisciplinary team, in consultation with you and your family, will determine that short or long term placement in a nursing home facility is the most appropriate plan of care for your situation. If this occurs, it will be because your health and/or social situation is such that community living is not appropriate at that time. This placement will be carefully supervised by the PACE CNY team and your participation in the program will continue.

### **Money Follows the Person (MFP)/Open Doors**

This section explain the services and supports that are available through *Money Follows the Person (MFP)/Open Doors*. *MFP/Open Doors* is a program that can help enrollees move from a nursing home back into their home or residence in the community. Enrollees may qualify for MFP if they:

- Have lived in a nursing home for three months or longer
- Have health needs that can be met through services in their community

*MFP/Open Doors* has people, called Transition Specialists and Peers, who can meet with enrollees in the nursing home and talk with them about moving back to the community. Transition Specialists and Peers are different from Care Managers and Discharge Planners. They can help enrollees by:

- Giving them information about services and supports in the community
- Finding services offered in the community to help enrollees be independent
- Visiting or calling enrollees after they move to make sure that they have what they need at home

For more information about *MFP/Open Doors*, or to set up a visit from a Transition Specialist or Peer, please call the New York Association on Independent Living at 1-844-545-7108, or email [mfp@health.ny.gov](mailto:mfp@health.ny.gov). You can also visit *MFP/Open Doors* on the web at [www.health.ny.gov/mfp](http://www.health.ny.gov/mfp) or [www.ilny.org](http://www.ilny.org).

## **H. Palliative and End of Life Care**

Palliative care is care provided to individuals who no longer wish to receive cure-oriented treatment for their illnesses. The PACE Team will work with you to provide pain control and other treatments to promote your comfort and peace of mind.

We also want to make sure, when the time comes, you get the best end-of-life care. The PACE CNY interdisciplinary team will work with you and your family so that we can meet your needs and honor your wishes. We may give this care in many places, such as your home, someone else's home or in a nursing home. PACE CNY remains involved with your care for the remainder of your life. Benefits cannot be transferred from the enrollee to any other person or organization.

***PLEASE SEE SECTION 9 FOR EXCLUSIONS AND LIMITATIONS THAT APPLY TO EACH OF THE ABOVE SERVICES.***

## **Important Notice**

PACE CNY recognizes the potential negative effects of restraint use and therefore works to eliminate all restraints. PACE CNY **will not** provide or allow the use of bed rails or transfer handles at any time, even when they are not considered a restraint. All rails and bed handles present the possibility of serious injury up to and including death by strangulation or entrapment.

### **6. About the PACE Center**

#### **A. Attendance**

Regular Day Center Attendance is not a requirement. You will work with the PACE Team to determine your attendance based on your individual medical and social needs. It is important that you attend the PACE Center on your scheduled day(s) each week. If you are not able to attend on your scheduled day, you need to contact us as soon as possible, so your driver and the rest of your care team will know.

Family members and friends will be invited to attend the center for selected special functions.

#### **B. PACE CNY Centers will be closed for:**

New Year's Day  
Martin Luther King Day  
Good Friday  
Memorial Day  
July 4<sup>th</sup> – Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day

During the days noted above, we ask that you notify us if you are going to be out of town or with family members. Holidays are a wonderful time to spend time with families and we encourage this. As always, services will be provided based on your needs.

#### **C. Bad Weather**

When weather conditions make it unsafe to bring participants into the PACE Center, you will be notified that the center will be closed. If the weather becomes bad while you are at the center, we may try to send participants home early. If we do close early, we will notify family or caregivers as needed.

In order for our drivers to get you to and from your home safely, it is important that your walks, stairs and driveways are kept clear of ice and snow. This is not the responsibility of PACE CNY. PACE staff can assist you in securing this type of service if needed.

#### **D. Food in the Day Center**

Meals and snacks served in the Day Center are tailored to meet your individual nutritional needs. In order to reduce the risk of food borne illness, please do not bring food into the Day Center or bring food home that has been served in the Day Center.

## 7. Emergency and Urgently Needed *Out-of-Network* Services

### A. Emergency Services

#### Definition of Emergency Services

**An Emergency Medical Condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:**

- **Serious jeopardy to the health of the individual;**
- **Serious impairment to bodily functions; or**
- **Serious dysfunction of any bodily organ or part.**

You will know that your problem requires **Emergency Care** by asking yourself the following questions:

1. Do I need help on-the-spot because of an injury or sudden illness?
2. Does the time required to reach PACE CNY Staff mean I could risk permanent damage to my health? Could I die as a result?

You are not required to get Prior Authorization for treatment of Emergency Medical Conditions that you believe meet the above criteria. PACE CNY will cover Emergency Services.

In the event of an Emergency Medical Condition, go to **the closest emergency room**, or **call 911 for assistance**. Tell the hospital and/or ambulance company that you are a PACE CNY participant.

It is important to notify PACE CNY of an Emergency Medical Condition when outside of the PACE CNY Service Area or when you have received emergency services from a non-PACE CNY provider. By calling PACE CNY we can provide the emergency room and/or hospital with critical information regarding your health care needs. PACE CNY will make discharge arrangements and coordinate any other necessary health care services during and immediately following your emergency room visit and/or hospitalization. Please call PACE CNY at the number located on your membership card (315 452-5800) as soon as reasonably possible.

PACE CNY on-call staff is available 24 hours a day at (315) 452-5800 or outside of the local area 1-888-728-7223 to address any participant questions about accessing emergency services and to respond to requests for authorization of urgently needed services or post-stabilization care services following emergency services.

Following a medical emergency, PACE CNY will also pay for care you need before your condition is stable enough to return to the care of the PACE CNY team. This is **Post Stabilization Care** and will be covered as long as PACE CNY has been notified of the situation and has given prior authorization for service provision from a non-PACE CNY provider. However, if PACE CNY does not respond to a request for approval within one hour, or cannot be contacted, the services will be covered. If your medical condition is stable enough for you to return to the PACE CNY Service Area, you will get follow up care from PACE CNY.

## **B. Urgently Needed Services**

**Urgently Needed Services are defined as those services that are provided to you when:**

- a. You are absent from the PACE CNY service area**

**And**

- b. You believe that the care cannot wait until you return to the PACE CNY service area, but the condition does not put your life or function in danger.**

Urgently Needed Services may be required due to an unforeseen illness, injury or condition. Fevers, abdominal pain, nausea and vomiting, and difficulty urinating are examples of Urgently Needed Service situations.

PACE CNY will cover Urgently Needed Services when such services are necessary, immediately required, and PACE CNY has given prior authorization to receive the services.

In order to ensure that unforeseen circumstances do not result in delays in needed care, PACE CNY must cover urgently needed services if it does not respond to a request for approval within one hour after being contacted, or if PACE CNY cannot be contacted for approval.

If Urgently Needed Services are required, please call PACE CNY 24 hours a day, seven days a week, and 365 days a year:

**Telephone: (315) 452-5800**

**OR**

**Outside of the local area, Call Toll Free:  
1-888-728-7223**

Request to speak to the clinic RN Monday through Friday 8:00 a.m. to 5:00 p.m. During off-hours or weekends or holidays, you will speak with the On-Call RN. Briefly describe your situation. The On-Call RN will contact the primary care provider, who will advise you what to do and make necessary arrangements for you to receive the care you need.

When you receive emergency, post stabilization or urgently needed out-of-network services, the doctor or hospital that provides the service should bill PACE CNY. If you mistakenly receive a bill, give it to PACE CNY.

## **8. Services Received Outside the PACE CNY Service Area**

Before you leave the PACE CNY service area to go out of town, you must be sure to notify PACE CNY. We continue to be responsible for meeting your health care needs and arranging

for necessary care and services while you are away. We will explain what to do if you become ill while away from PACE CNY

Covered health care services obtained out of the PACE CNY service area will not be automatically paid. Any services you receive, other than in an emergency situation as defined in Section 7A and Urgently needed services that are not promptly responded to as outlined in Section 7B, must be approved by PACE CNY, or PACE CNY will not be responsible for paying for the services. Note, as stated in Section 7B, PACE CNY must cover urgently needed services if it does not respond to a request for approval within one hour after being contacted, or if PACE CNY cannot be contacted for approval.

If you are out of the service area for more than 30 consecutive days, you will be automatically disenrolled from the PACE CNY program unless PACE CNY agrees to a longer absence due to extenuating circumstances. (Refer to Disenrollment, Section 12.)

## **9. Exclusions and Limitations**

PACE CNY will not pay for services included in the following list of exclusions and/or limitations:

- A. Any service including prescription and over the counter drugs which have not been determined by the PACE CNY interdisciplinary team to be necessary to meet a participant's medical, physical, emotional or social need, even if it is listed as a covered benefit, unless it is an emergency service.
- B. Cosmetic surgery unless required for improved functioning of a malformed part of the body resulting from an accidental injury or for the reconstruction after mastectomy.
- C. Experimental medical, surgical, or other health procedures.
- D. Any services rendered outside of the United States except in certain limited exceptions.
- E. For services in inpatient facilities, private room and private duty nursing services, and non-medical items for personal convenience such as: telephone, radio and TV rental unless the IDT determines it meets a participant's medical, physical, emotional or social need.

## **10. Eligibility**

You are eligible to enroll in PACE CNY if you are:

- At least 55 years of age;
- A resident of Onondaga County; and
- Eligible for nursing home level of care as certified by New York State.

Additionally, you must meet the following Conditions of Enrollment:

- Determined to be capable of safely residing in the community with PACE CNY support services at the time of enrollment;

- Require more than 120 days of community based long term care services.

All of these eligibility criteria and conditions of enrollment must be met in order to enroll in PACE CNY. In addition, you must sign the attestation found at the end of this Enrollment Agreement and agree to abide by the conditions of PACE CNY as explained within.

**PACE CNY may choose not to enroll participants whose condition is such at the point of enrollment that their health and safety would be jeopardized by remaining in their home and community.**

**Eligible individuals who are enrolled in a facility or any Home and Community Based Services Waiver program will not be accepted for enrollment until they have been disenrolled from the facility or the waiver program.**

#### NYS Conflict-Free Evaluation and Enrollment Center Requirement

If you are a Medicaid beneficiary (or are pending Medicaid) and wish to enroll in PACE CNY or any Medicaid Community-Based Managed Long Term Care Program, you must contact the Conflict-Free Evaluation and Enrollment Center (CFEEC) to arrange for a CFEEC nurse to visit you at your home, nursing home or hospital to determine your eligibility.

New York State has implemented an independent and conflict-free long term services and supports evaluation system for new applicants residing in Onondaga County who are in need of community based long term care services. New York State has partnered with a company called Maximus and they will serve as the independent and conflict-free entity providing evaluations, education and enrollment services. Managed Long Term Care (MLTC) plans receiving calls from Medicaid or pending Medicaid recipients seeking a plan assessment must be directed to the Conflict-Free Evaluation and Enrollment Center (CFEEC) at 1-855-222-8350.

## **11. Enrollment and Effective Dates of Coverage**

**Enrolling in PACE CNY is voluntary.** It is a three-step process: (A) Intake, (B) Assessment, (C) Enrollment.

- A. **Intake** Usually “Intake” begins when you or someone on your behalf makes a call to PACE CNY. If it appears from this first conversation that you are potentially eligible, the intake specialist will visit you to explain our program and obtain further information about you. During this visit, you will learn:
- How the PACE CNY program works, the kinds of services we offer and the answers to any questions you may have about us;
  - That if you enroll, you agree all of your health care services will be provided and/or coordinated by PACE CNY. These services will be approved by members of the care team; and
  - What your monthly premium or spend down, if any, will be (See Section 14).

If you are interested in continuing the intake process, the intake specialist will review with you and answer any questions you may have concerning the Enrollment Agreement and Provider Listing. You will be given a copy of each of these to keep for further reference. The intake specialist will set up a schedule for you to attend one of our PACE CNY centers at which time you can get to know us, and members of our team can carefully evaluate your specific health needs. Prior to your visit, you will be asked to sign a release to allow PACE CNY to obtain your medical and financial information and eligibility status for Medicare and Medicaid (if applicable).

- B. Assessment** Within approximately two weeks several team members will have met with you to evaluate your situation. These assessments will occur during your visit to the Day Center and a PACE CNY staff visit to your home. You and/or your family will be consulted by team members regarding the identification of your care needs and concerns. During this time, the team will meet to share their findings and ideas for your care. At this meeting, the team will decide whether you meet the criteria for admission into the program. The team also will establish your individual plan of care taking into account you and/or your family's communicated care concerns.

Because PACE CNY is committed to serving the elderly who need long-term care, we must determine that you are qualified for the level of care provided by PACE CNY, and that you can safely reside in the community with the assistance of PACE CNY. In the event that the PACE Team finds you are not qualified for this level of care or you would be unsafe, you will not be allowed to enroll in the PACE CNY program. If you are denied enrollment, PACE CNY will provide written notification explaining the reason for denial and refer you to alternative services as appropriate. If you are a Medicaid recipient and are not in agreement with the denial of enrollment, Maximus acting as an agent of the State will review the case and advise you of your fair hearing rights. If you are a Medicare-only recipient and you are not in agreement with the denial of enrollment, you can file a complaint with the New York State Department of Health.

If you qualify for enrollment, a team member will set up an appointment to meet with you and your family to tell you what the team has recommended. If you found your visits to the center and your proposed individual plan of care satisfactory, and if the team agrees you are eligible, you will be invited to enroll in the program and a conference will be set up to finalize your enrollment.

- C. Enrollment** You and your family will meet with one or more team members to review and come to an agreement about your participation in PACE CNY. Before you sign the Enrollment Agreement, you will have an opportunity to discuss:

- The plan of care recommended by the interdisciplinary team
- Specifics about the PACE CNY center where you will receive most of your care
- Your monthly premium or Medicaid spend down, if any
- The exclusive care feature of PACE CNY

PACE CNY, Medicare, and Medicaid will not pay for any care not authorized and received through PACE CNY. (Exception: Approval is not required for Emergencies - See Section 7.)

- The plan for your family’s involvement in your care and the importance that ongoing involvement may play in keeping you safe in the community.

Often times a safe care plan depends on the active involvement of family members in the provision of care, supervision, housing, etc. In these cases, it is important that families remain actively involved.

- What to do if you are unhappy with the care you received at PACE CNY (see Member Grievance/Appeals Procedure, Section 15)
- The contents of the Enrollment Agreement
- A listing of providers which contract with PACE CNY, Inc. to provide specific services (i.e. pharmacy, podiatry) and explanation of how access is provided to these services.
- A list of PACE CNY staff with whom you will have frequent contact, including an overview of how the interdisciplinary team works.

If and when you decide to join PACE CNY, we will ask that you sign the Enrollment Agreement. Upon signing you will receive:

- Emergency information to post listing what to do in case of an emergency
- A copy of your Initial Care Plan

At the time of your effective date of enrollment into PACE CNY you will receive:

- A PACE CNY Membership Card
- A copy of your signed Enrollment Agreement
- A list of PACE CNY telephone numbers, including emergency numbers, for you to post in your home by your telephone

The effective date of your enrollment will be determined by when your Enrollment Agreement is signed and successful processing through the Medicare and Medicaid systems.

**Signing the Enrollment Agreement will trigger enrollment in the program on the specified date and will automatically disenroll you from all other health plans in which you may have been previously enrolled on that same date. Once you begin to receive services from PACE CNY and its contracted providers, you will no longer be able to receive services from other providers. The agreement remains in effect until the effective date of disenrollment (See Section 12).**

**If you have a union/employer group health plan, enrollment into PACE CNY may result in disenrollment from your union/employer group health plan.**

**Please note that you cannot enroll in PACE CNY at a Social Security Office.**

## 12. Termination of Benefits or Disenrollment

Your benefits under PACE CNY can be stopped if you choose to disenroll from PACE CNY (“voluntarily”) or if you no longer meet the conditions of enrollment (“involuntarily”). Both types of termination require notification by either party.

You are required to continue to use PACE CNY services and to make any payment of premiums, if applicable, until termination of benefits becomes effective. This allows us adequate time to reestablish you in the Medicaid and/or Medicare systems as appropriate.

For private pay participants, the effective date of disenrollment and termination of PACE CNY benefits will be midnight of the last day of the month following the date PACE CNY receives your notification of intent to disenroll.

### **Voluntary Disenrollment:**

You may choose to disenroll from PACE CNY at any time for any reason. If you want to disenroll, please let a PACE CNY staff member know. Your effective date of disenrollment will be coordinated between Medicare and/or Medicaid depending upon your eligibility. You may discuss the timing of your disenrollment with your interdisciplinary team to ensure that your coverage is not interrupted.

You cannot be put back on another Medicare and/or Medicaid plan until the first of the month after disenrolling. PACE CNY will be responsible for coordinating your Medicare and /or Medicaid benefits until the end of the month in which you disenroll. During this disenrollment period, PACE CNY will continue to provide your authorized services. You must pay any monthly charge until the disenrollment is complete.

If you choose to disenroll, PACE CNY will work with you to make referrals to appropriate medical providers in your community, and we will make medical records available in a timely manner. If applicable, we will work with Medicaid to help you transition to an appropriate Managed Long Term Care Plan.

Electing enrollment in any other Medicare or Medicaid prepayment plan or optional benefit, including hospice benefit or Part D plan, after enrolling as a PACE CNY participant is considered voluntary disenrollment from PACE CNY.

### **Involuntary Disenrollment:**

PACE CNY can terminate your benefits through written notification to you if:

- You fail to pay or fail to make satisfactory arrangements to pay any amount you owe PACE CNY after the 30-day grace period;
- You move out of the PACE CNY service area or you are out of the service area for more than 30 consecutive days unless PACE CNY agrees to a longer absence due to extenuating circumstances;

- You are a person whose behavior is jeopardizing your health or safety or that of others or you are a person with decision-making capacity who consistently does not comply with his/her individual plan of care or the terms of the Enrollment Agreement;
- You have a family member or caregiver whose behavior is jeopardizing your health or safety or that of others or your family member or caregiver is consistently not complying with your individual plan of care or the terms of the Enrollment Agreement;
- During annual recertification it is determined you no longer require nursing facility level of care;
- PACE CNY loses the contract and/or licenses enabling it to offer health care, or PACE CNY loses its contracts with necessary outside providers, or PACE CNY ceases operations. PACE CNY has a contract with the Centers for Medicare and Medicaid Services (CMS) and the NYS Medicaid Agency which is subject to renewal on a periodic basis and failure of PACE CNY to renew the contract will result in termination of enrollment in the program;
- You knowingly fail to complete and submit any necessary consent or release;
- You provide false information or otherwise engage in fraudulent conduct;
- You are homeless living in the streets or in a shelter and the Program is unable to provide services; or
- You do not require and receive at least one Community Based Long Term Care Service.

PACE CNY will make every effort to work with you to resolve any issues that potentially could lead to involuntary disenrollment.

Involuntary Disenrollment will not be processed without approval by NY Medicaid Choice. Medicaid beneficiaries will be offered Fair Hearing Rights. If you are a Medicare Participant and NYMC approves your involuntary disenrollment, you can request an external review through Medicare.

### **13. Renewal Provisions**

If you choose to leave PACE CNY (“disenroll voluntarily”) you may be reinstated in PACE CNY. Reinstatement would depend on whether or not you still meet the eligibility requirements when you reapply for enrollment. Re-enrollment is limited to one time. If your disenrollment is pending because you fail to pay the monthly payment, you can be reinstated with no break in coverage simply by paying the payment before the effective date of disenrollment.

### **14. \*Monthly Payments**

*If you are eligible for:*

- **MEDICARE AND MEDICAID or MEDICAID ONLY**

If you are eligible for both Medicare and Medicaid, or Medicaid only, you will make no monthly premium payment to PACE CNY and you will continue to receive all PACE

services, including prescription drugs. Note: If you are responsible to pay a spend down to be eligible for Medicaid, you will need to pay this spend down monthly to PACE CNY.

Those individuals applying for Medicaid who are deemed ineligible will be responsible for paying applicable retroactive premiums as shown below.

- **MEDICARE ONLY**

If you have Medicare and are not eligible for Medicaid, then you will pay a monthly premium to PACE CNY. Your monthly premium of \$\_\_\_\_\_ starts on \_\_\_\_\_ (date). Because this premium does not include the cost of Medicare prescription drug coverage, you will be responsible for an additional monthly premium for Medicare prescription drug coverage in the amount of \$\_\_\_\_\_. You may pay both premiums together or you may contact your social worker for additional payment options.

- **PRIVATE PAY (Neither Medicare or Medicaid)**

If you are not eligible for Medicare or Medicaid, you will pay a monthly premium to PACE CNY in the amount of \$\_\_\_\_\_. Because this premium does not include the cost of prescription drugs, you will be responsible for an additional premium for prescription drug coverage in the amount of \$\_\_\_\_\_. You may pay both premiums together or you may contact your social worker for additional payment options.

If you are eligible for Medicaid and you are admitted to a nursing home, like other nursing home residents eligible for Medicaid, you may be responsible to pay PACE CNY the Net Adjusted Monthly Income (NAMI) as determined by New York State. If you are currently paying a spend down, this would be in place of the spend down.

As a PACE CNY enrollee, you will continue to be responsible for paying the monthly Medicare Part B premium to the Social Security Administration (SSA) to maintain your Medicare eligibility.

If you are not currently eligible for Medicare and become eligible at any time after enrollment in PACE CNY you must obtain Medicare coverage (Parts A and/or B, and Part D) and receive all Medicare-covered services from PACE CNY or voluntarily disenroll from the program.

Monthly payments to PACE CNY will not change due to changes in your health. However, if your eligibility for Medicare, Medicaid or Medicaid's spend down program changes while you are a PACE CNY participant, your monthly payment will be adjusted in accordance with that change.

For participants not eligible for Medicaid, PACE CNY sets its monthly premium on an annual basis, and will provide you with 30 days' notice of any change to this premium. Any change will be effective on the date indicated in the notice, unless you choose to disenroll.

**The monthly premium or spend down is not pro-rated and is not refundable.**

PACE CNY reserves the right to terminate this Agreement for nonpayment as noted in Section 12. A written notice of termination will be provided.

**Prescription Drug Coverage Late Enrollment Penalty**

Please be aware that if you are eligible for Medicare prescription drug coverage and are enrolling in PACE CNY after going without Medicare prescription drug coverage or coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, you may have to pay a higher monthly amount for Medicare prescription drug coverage. You can contact your PACE CNY social worker for more information about whether this applies to you.

### **Instructions for Making Payments to PACE CNY**

If you have to pay a monthly charge to PACE CNY, you must pay the money by the first day of the month after you sign the Enrollment Agreement. The monthly charge then has to be paid on the first day of every month.

Payment can be made by check or money order to:

**Attention: Accounting Manager  
PACE CNY  
100 Malta Lane  
North Syracuse NY 13212**

\* Upon signing a PACE CNY Enrollment Agreement, you will be provided with a listing of current PACE CNY and Medicare Prescription Drug premiums.

## **15. Member Grievance and Appeals Procedures**

PACE CNY will make every effort to address any concerns you may have in a prompt and courteous manner. Your concerns will be kept confidential and will in no way adversely affect your care or services. We will address your concerns immediately and, we hope, to your satisfaction so you do not feel a need to make a formal grievance or appeal; but, of course, you are entitled to do so at any time.

You have the right to voice a grievance or use the appeals process without any fear of reprisal, interference, coercion or discrimination by PACE CNY staff. You can be assured your grievance/appeal will be confidentially handled. PACE CNY will not take your services away because you file a grievance.

If you do not speak English, or are hearing or visually impaired, assistance will be provided to you to facilitate the grievance and/or appeals process.

### **I. Grievance Process**

#### **A. To make a formal grievance:**

Definition: A grievance is defined as a complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care furnished.

This process will be reviewed with you upon enrollment, annually thereafter and whenever you file a grievance.

- To file a grievance, you can discuss your concern with a staff member or PACE CNY contracted provider of your choice. Give complete information so

appropriate staff can resolve your grievance in a timely manner. You may designate a representative to file a grievance on your behalf.

PACE CNY staff can be reached by calling:

**(315) 452-5800**  
**8:30 a.m. to 4:30 p.m., Monday through Friday**  
**OR**  
**Outside of the local area, call toll free:**  
**1-888-728-7223**

If these times are not convenient, on-call staff can be reached by calling the same numbers after hours including holidays and weekends.

- You may also file a grievance by writing to us at the following address:

**Attn: Executive Director**  
**PACE CNY**  
**100 Malta Lane**  
**North Syracuse NY 13212**

## **B. Documenting Your Grievance**

The staff member who receives your grievance will provide you with documentation of it, along with a time frame of next steps. An investigation will be coordinated on your behalf. Grievances will be reviewed by personnel who are not involved in the incident in question. When you file a grievance, you should include the following information:

Date grievance is made  
Your name  
Address and phone number  
Nature of grievance

## **C. Responding to and Resolving your Grievance in a Timely Manner**

PACE CNY will review the grievance and provide a written response to your grievances within 30 days of receipt of the grievance. The PACE CNY response will include a description of the grievance investigation findings and the decision rendered by PACE CNY.

If you are unhappy with the decision rendered, you may ask for your grievance to be looked at again. The PACE CNY Executive Director must hear from you within 30 days of the decision. You can use the address or telephone number listed on the previous page. The Executive Director will inform you of the decision within 30 days of the request for a second review.

## II. Appeals Process

Definition: An appeal is defined as a participant's action taken with respect to PACE CNY for non-coverage of or non-payment for a service, including denials, reductions, or termination of services.

### A. Internal (PACE CNY) Appeal Process:

This process will be reviewed with you upon enrollment, annually thereafter and whenever the team denies a request for services or payment or when the team does not respond to your request for an assessment.

If you wish to appeal a decision, you must notify PACE CNY within 45 days of the date of the denial letter.

#### How to File an Appeal:

- You can discuss your wish to appeal with a staff member or contracted provider of your choice. Give complete information so appropriate staff can initiate the appeal process in a timely manner. You may designate a representative to file an appeal on your behalf.
- PACE CNY staff can be reached by calling:

**(315) 452-5800**  
**8:30 a.m. to 4:30 p.m., Monday through Friday**  
**OR**  
**Outside of the local area, call toll free:**  
**1-888-728-7223**

If these times are not convenient, on-call staff can be reached by calling the same numbers after hours including holidays and weekends.

- You may also file an appeal by writing to:

**Attn: Executive Director**  
**PACE CNY**  
**100 Malta Lane**  
**North Syracuse NY 13212**

- PACE CNY may not terminate or reduce disputed services while an appeal is pending if you request that these services be continued, with the understanding that you may be held liable for the cost of those services if the appeal is not resolved in your favor.

#### Documenting an Appeal:

- You will have the opportunity to present information to support your appeal either in person or in writing.
- All information will be documented, filed and forwarded to an impartial third party member or committee of the governing authority of PACE CNY. A

decision about an appeal will be made by qualified, licensed, certified, or registered health professionals who were not involved in the original action and that do not have a stake in the outcome of the appeal.

Responding to an Appeal:

- A decision about an appeal will be made within 30 days of receipt of the appeal.
- The Executive Director will send you or your designated representative a copy of the report describing the resolution and provide information regarding State and Federal appeal options.

Expedited Appeal Process:

- In situations in which you believe that if a service is not furnished, your life, health, or ability to regain or maintain maximum function could be jeopardized, the appeals process will be expedited if you inform us of this.
- A decision will be reached on an expedited appeal within 72 hours after the appeal is received. The 72 hour time frame may be extended by up to 14 calendar days if you request the extension or if PACE CNY justifies to the New York State Department of Health the need for additional information and how the delay is in your interest.

**B. External Appeal Options – State and Federal:**

Medicaid participants have the right to request a State Fair Hearing if they have completed the PACE CNY appeal process and are still not satisfied with the decision. PACE CNY staff will assist you in accessing your State Fair Hearing rights. State Fair Hearings are conducted by the New York State Office of Hearing and Appeals.

If you are a Medicare participant and have completed the PACE CNY Internal Appeal Process and are still not satisfied with the decision, you may choose to appeal to Medicare. PACE CNY staff will assist you in accessing the Medicare appeal process. The appeal will be sent to The Centers for Medicare and Medicaid Services' (CMS) Independent Review Entity (IRE).

If you have both Medicaid and Medicare coverage, PACE CNY staff will assist you in choosing which agency to appeal to and accessing the chosen agency. Both agencies cannot review the appeal.

**III. Voicing Concerns to the NYS Department of Health**

You can contact the New York State Department of Health at any time to voice a complaint by writing to:

NYS Department of Health  
One Commerce Plaza  
99 Washington Avenue Room 1621  
Albany, New York 12210

OR, you may call the New York State Hotline: **1-866-712-7197**

## 16. Participant's Bill of Rights and Responsibilities

*At PACE CNY, we are dedicated to providing you with quality health care services so you may remain as independent as possible. Our staff seeks to affirm the dignity and worth of each participant by assuring the following rights:*

### **Respect and Non-Discrimination**

*You have the right to:*

- Participate in the development/implementation of your care plan.
- Comprehensive health care provided in a safe and clean environment and in an accessible manner.
- Know the names and responsibilities of the people providing your care, and receive care from professionally trained staff.
- Be treated in a respectful manner that honors your dignity and privacy.
- Considerate, respectful, compassionate care from all staff and contractors at all times.
- Be free from harm, including unnecessary physical or chemical restraint, isolation, excessive medication, physical or mental abuse, neglect or physical punishment.
- Know that decisions regarding your care will be made in an ethical manner.
- Not be required to perform any services for PACE CNY.
- Receive reasonable access to a telephone.
- Not be discriminated against in the delivery of PACE CNY services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disabilities or source of payment.
- Use your rights in the PACE CNY program.

### **Information**

*You have the right to:*

- Be fully informed, in writing, of your rights and responsibilities and all rules and regulations governing participation in PACE CNY. You are also entitled to receive written information on the PACE CNY services available to you, both before and after your enrollment and when you need to make a choice about what services to receive.
- A full explanation of the Enrollment Agreement and an opportunity to discuss it.
- Examine the results of the most recent federal or state review of PACE CNY.
- Be fully informed of your health and functional status by the team.
- Be fully informed of your rights and the right to exercise these rights in writing prior to the start of care.
- Be informed of the services you are to be provided and when and how the services will be provided.
- Be fully informed of the procedure for filing a grievance or appeal.
- Be encouraged and helped in talking to PACE CNY staff about changes in policy and services you think should be made.

### **Confidentiality**

*You have the right to:*

- Have all information related to your care kept confidential within required regulations.
- Be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
- Provide written consent to release your confidential information.
- Review and receive a copy of your medical records and request amendments to those records. (A fee will be charged for copies.)
- Talk with health care providers in private.
- Call the Office of Civil Rights at 1-800-368-1019 and TTY 1-800-537-7697 with questions about privacy rules.

## **Choosing Your Provider**

*You have the right to:*

- Receive quality health care.
- Choose a primary care provider within the PACE program's network.
- Request a specialist for women's health services or preventive women's health services.
- Initiate the disenrollment process.

## **Emergency Care**

*You have the right to:*

- Receive health care services in an emergency anywhere in the U.S. without prior approval from the PACE CNY interdisciplinary team.

## **Treatment Decisions**

*You have the right to:*

- Receive help if you need it and have all treatment options explained to you in a respectful considerate manner in a language you understand.
- Make your own health care decisions.
- Request and receive complete information.
- Request a reassessment by the PACE CNY interdisciplinary team.
- Refuse treatment or medications and be informed of the consequences of the decision.
- Receive reasonable advance notice, in writing, if you are to be transferred to another treatment setting for medical reasons or for your welfare or the welfare of other participants. Any such actions will be documented in your health record and you will be given the reason you are being moved.
- Designate a representative to assist in treatment decisions if you are unable to fully participate in the decision making process or if you want someone you trust to help you.
- Have our staff explain advance directives to you and to establish one on your behalf, if you so desire.
- Appropriate assessment and management of pain.

## **Exercising Your Rights**

*You have the right to:*

- Exercise your civil, legal and participants rights, including the Medicare and Medicaid complaint and appeals processes and to receive a full explanation of the complaint process.
- Be encouraged and helped to voice your complaints and recommend changes in policies and services to our staff and to outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by our staff if you do so.
- Appeal any treatment decision made by PACE CNY or our contractors.
- Initiate the process to leave the PACE CNY program at any time.

If you feel any of your rights have been violated, please report them immediately to your social worker or call our office during regular business hours at (315) 452-5800. If you are not satisfied with the resolution of your concern or complaint you may contact the New York State Department of Health at (315) 477-8472 or 1-800-206-8125.

## **Participant Responsibilities**

*We also believe that you and your caregiver play crucial roles in the delivery of your care. To assure that you remain as healthy and independent as possible, please establish an open line of communication with those participating in your care and be accountable to the following responsibilities:*

### **You have the responsibility to:**

- Cooperate with the interdisciplinary team in implementing your care plan.
- Accept the consequences of refusing any treatment recommended by the multidisciplinary team.
- Provide the multidisciplinary team with a complete and accurate medical history.
- Use only those services authorized by PACE CNY.
- Take all prescribed medications as directed and to not provide your medications to anyone else.
- Call the PACE CNY provider for direction in the case of an urgent situation.
- Notify PACE CNY within 48 hours or as soon as reasonably possible if you require emergency services out of the service area.
- Notify PACE CNY in writing when you wish to initiate the disenrollment process.
- Pay required monthly fees as appropriate.
- Treat our staff with respect and consideration.
- Not to ask staff to perform tasks that they are prohibited from doing by PACE or agency regulations.
- Voice any dissatisfaction you may have with your care.
- Notify PACE CNY when you will not be home to receive scheduled services.
- Keep medical appointments that have been made on your behalf.

## **17. Definitions**

**Agreement** means the Enrollment Agreement between you and PACE CNY, which establishes the terms and conditions and describes the benefits available to you. This contract remains in effect until disenrollment and/or termination take place.

**Benefits and Coverage or Covered Services** means health and health-related services we provide you through this contract. These services take the place of the benefits for these services which you would otherwise receive through Medicare and/or Medicaid. This is made possible through a special arrangement between PACE CNY, New York State Department of Health, and the Centers for Medicare and Medicaid Services (CMS). To receive any benefits under this contract, you must meet the conditions described herein.

**Care Plan or Plan of Care** means the Necessary services and items approved for you by your Team. This comprehensive plan of care will be documented in your medical record. It will be developed, reviewed and reevaluated by you and the interdisciplinary team on at least a semiannual basis.

**Eligible for nursing home care** means that your health status, as evaluated by the PACE CNY team and meets the State of New York's criteria for placement in a nursing home. Although you must be eligible for nursing home care to be accepted as a participant in PACE CNY, you can remain a participant if your health improves. However, upon annual reassessment, if you do not meet the criteria for placement in a nursing home, you will be disenrolled from the PACE CNY program. An exception to this rule would be made if you would reasonably be expected to meet the criteria for nursing home placement within the next six months in the absence of the PACE CNY program. PACE CNY goal is to help you remain in the community as long as it is medically and socially feasible, even if you are eligible for nursing home care.

**Exclusions or Limitations** mean any service or benefit that is not included in this contract. For example, non-emergency services received without authorization by the PACE CNY Interdisciplinary Team are excluded from coverage. You would have to pay for any such unauthorized services.

**Health services** means services such as medical care, diagnostic tests, medical equipment, appliances, drugs, prosthetic and orthopedic devices, nutritional counseling, nursing, social services, therapies, dentistry, optometry, podiatry, and audiology. Health services are provided and/or coordinated by the PACE CNY interdisciplinary team.

**Health-related services** mean those services that support the provision of health services and help you maintain your independence. Such services include personal care, homemaker/chore attendant, recreational therapy, escort, translation, transportation, home-delivered meals, financial management, and assistance with housing problems.

**Hospital services** mean those services, which are generally and customarily provided by acute general hospitals.

**PACE CNY** is a non-profit organization providing health and health-related care on a pre-paid basis to elder persons residing in the service area who are eligible for nursing home care. The words "we", "our", "us" also refer to PACE CNY.

**PACE CNY contracted provider** means a health facility, health care professional or agency which has a contract with PACE CNY to provide health and health-related services to PACE CNY participants.

**PACE CNY physician** means a physician who is either employed by PACE CNY or has an agreement with PACE CNY to provide medical services.

**Interdisciplinary team or Team** means PACE CNY professional team consisting of the primary care physician, registered nurse, social worker, physical therapist, occupational therapist, recreational therapist or activity coordinator, dietitian, day center supervisor, home care coordinator, personal care attendants and drivers or their representatives. They will assess your medical, functional and psychosocial status, develop a written plan of care, which identifies the services needed, and coordinate your 24-hour care delivery. Many of the services are provided and monitored by this team. The interdisciplinary team must authorize all covered services you receive. The team will do periodic reassessment of your needs and changes in the written plan of care may occur.

**Nursing Home** means a facility licensed as a residential health care facility by the New York State Department of Health.

**Participant** means a person who meets PACE CNY eligibility criteria and voluntarily signs a contract with PACE CNY. The words “you”, “your”, “yours”, “enrollee” refer to a participant. You are a participant from the effective date of your enrollment until the effective date of your disenrollment.

**Payment** means the amount you must pay each month, in advance to PACE CNY, based upon your eligibility for Medicare and Medicaid, to receive benefits under this contract.

**Premium** means the amount you must pay each month, in advance to PACE CNY to receive benefits under this contract. If you are Medicaid eligible, you will have no monthly premium, though if applicable, your monthly Medicaid “spend down” or “surplus” or “cost share” must be paid to PACE CNY.

**Service area** shall mean Onondaga County, New York State.

**Spend down** also known as "surplus" or "cost share" means the excess income that an individual must pay to PACE CNY as determined by the local Department of Social Services to qualify for Medicaid

**PACE CNY**  Enrollment Agreement

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

Sex: \_\_\_F \_\_\_M Social Security Number: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Medicare #: \_\_\_\_\_ Part A \_\_\_ Part B \_\_\_

Name of Primary Caregiver: \_\_\_\_\_ Relationship to Pt: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

Telephone #: (Day) \_\_\_\_\_ (Night): \_\_\_\_\_

Additional Health Insurance Coverage Information: \_\_\_\_\_  
\_\_\_\_\_

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I have received, read, and understand the PACE CNY Enrollment Agreement and have been given the opportunity to ask questions. All my questions have been answered to my satisfaction. I agree to participate in PACE CNY according to the terms and conditions of this Agreement. As a participant, I agree to receive all covered health services and health-related services from PACE CNY and their network of providers.

I have read and understand the conditions for enrollment and disenrollment as explained to me and family members, as applicable and as described in the Enrollment Agreement. I understand that as an enrollee of PACE CNY, I will receive all of my Medicare and Medicaid benefits (as applicable) through PACE CNY.

I understand that my enrollment in PACE CNY will begin on \_\_\_\_\_.

I have been informed of my rights and responsibilities as stated in the Enrollment Agreement, including my right to appoint a Health Care Proxy and to document any Advanced Directives regarding my health care. I understand that PACE CNY staff will assist me in this area if I need help.

I will allow PACE CNY to assist with my Medicaid certification and recertification, if applicable. I authorize the disclosure and exchange of information between the Centers for Medicare and Medicaid Services (“CMS”), its agents, the state Medicaid agency and providers.

I understand and accept my financial responsibility as outlined in the Enrollment Agreement and have been provided a copy of the most current monthly premiums.

**Important Notice: The benefits under this Agreement are made possible through a special agreement that PACE CNY, a program of Loretto, has with Medicare (CMS) and Medicaid (the New York State Department of Health); such Agreement is subject to renewal on a periodic basis and, if the Agreement is not renewed, this program will be terminated.**

**When you sign this agreement, you are agreeing to accept benefits provided and/or approved by PACE CNY in place of the usual Medicare and Medicaid fee-for-service benefits. Enrollment in this program results in disenrollment from any other Medicare or Medicaid prepayment plan or optional benefit. Electing enrollment in any other Medicare or Medicaid prepayment plan or optional benefit, including the hospice benefit, after enrolling in this program is considered a voluntary disenrollment from PACE. If you have a union/employer group health plan, enrollment into PACE CNY may result in disenrollment from your employer group health plan.**

**Please examine this Enrollment Agreement carefully. If you are not interested in enrolling in our program, you may return the Agreement to us without signing.**

**By signing this Agreement I acknowledge and understand the requirement that PACE CNY must be my sole service provider.**

\_\_\_\_\_  
Print Participant's  
Or Legal Guardian's Name

\_\_\_\_\_  
Signature of Participant  
or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Witness's Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

PACE CNY has assessed the above participant and has agreed to enroll him/her in the PACE CNY program effective as of \_\_\_\_\_.  
Date

\_\_\_\_\_  
Print PACE CNY  
Staff Member Name

\_\_\_\_\_  
Signature of PACE CNY  
Staff Member

\_\_\_\_\_  
Date

cc: Onondaga County Long Term Care Resource Center (315) 435-5600  
(315) 435-5623 (Fax #)