



**Healthy Living
Daily Care**

JORDAN VALLEY SENIOR CARE

Jordan Valley Senior Care:

Providing All-Inclusive Care for the Elderly

Enrollment Agreement

Welcome to PACE

Welcome to PACE, a Program of All-inclusive Care for the Elderly (PACE). This binder is your Enrollment Agreement. It will tell you what PACE is and what kind of care will be provided for you. If you choose to enroll, you will sign the Enrollment Signature Sheet, indicating that you agree to receive all services through PACE. When you enroll, you become a “Participant” in PACE.

Patients are admitted to this program and are rendered services without distinction due to race, color, national origin, sex, handicapping condition or age*.

** Note: Does not apply to enrollment eligibility age of 55 or older.*

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1. Introduction

Welcome to PACE, a Program of All-inclusive Care for the Elderly sponsored by Jordan Valley Community Health Center. We are happy that you chose PACE for your health care.

In this enrollment agreement, you will learn about the PACE program that serves:

- Greene County
- Christian County
- Webster County
- Polk County – serve only the following zip codes: 65601, 65613, 65617, 65622, 65640, 65648, 65649, 65663, 65685, 65710, 65725
- Lawrence County – serve only the following zip codes: 64848, 65604, 65605, 65610, 65612, 65646, 65654, 65664, 65705, 65707, 65712, 65738, 65756, 65769
- Dallas County - serve only the following zip codes: 65536, 65590, 65622, 65632, 65644, 65648, 65685, 65722
- Dade County – serve only the following zip codes: 65601, 65604, 65635, 65646, 65770
- Stone County – serve only the following zip codes: 65605, 65610, 65624, 65631, 65633, 65656, 65669, 65705, 65714, 65728, 65737, 65754
- Barry County – serve only the following zip codes: 65605, 65624, 65633, 65656, 65769
- Taney County – serve only the following zip codes: 65616, 65653, 65737, 65740, 65771
- Laclede County – serve only the following zip codes: 65536, 65632, 65722

PACE is committed to helping you be as healthy as possible for as long as possible. We want to help you to remain in your own home and community with your family for as long as possible. We will do our best to help you get better, so that you can continue to do the things you enjoy. We will focus on what you can do, instead of what you cannot do.

If you have any questions after you have read this enrollment agreement, please call our intake and enrollment offices:

417-851-1550

2. Definitions

1. **PACE**-refers to PACE. This is a special service of Jordan Valley Community Health Center that gives medical and health-related care to older people who live in the service area. This care is on a prepaid basis and is given to people who are eligible for nursing home care. The words “we”, “our”, “us” also mean PACE.
2. **PACE Provider**-means a doctor or Nurse Practitioner who either works for PACE or has signed an agreement with PACE to provide medical care services.
3. **Benefits and Coverage**-means the health and health-related services we provide after you sign the Enrollment Agreement. You must sign this agreement to be a PACE participant. These services take the place of the care and medicine you would usually get through Medicare and/or Medicaid. This is done through a special arrangement between PACE, Medicare (Center for Medicare and Medicaid Services) and Medicaid (Missouri Department of Health and Senior Services). This Enrollment Agreement to participate in PACE gives you the same benefits you would get under Medicare/Medicaid plus other benefits. To get any benefits from PACE, you must meet the conditions that are in the Participant’s Enrollment Agreement.
4. **Eligible for Nursing Home Care**-means that your health condition, which your PACE Personal Care Team evaluates, meets the State of Missouri nursing home rules for placement.
5. **Enrollment Agreement**-means the booklet that tells you about PACE, who is eligible to be a Participant, how to enroll and how to cancel enrollment, what kind of care you will receive, what your rights are, and all other rules and requirements of PACE.
6. **Enrollment Agreement Signature Sheet**-is the form that accompanies the Enrollment Agreement you must sign before you can be a PACE participant. After you sign this agreement, you will get PACE services until you voluntarily or involuntarily end your enrollment and participation.
7. **Emergency Medical Condition**-is a medical condition manifesting itself by acute conditions 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 medical attention to result in the following:
(1) serious jeopardy to your health; (2) serious impairment to bodily function; or (3) serious dysfunction of any bodily organ or part.
Examples of emergencies include problems breathing, chest pain, or bleeding that is hard to stop.
8. **Health Services**-mean services such as medical care, diagnostic tests, medical equipment, appliances, drugs, prosthetic and orthotic devices, nutritional counseling, nursing, social services, therapies, dentistry, optometry, and audiology. Health Services may be provided in one of the PACE centers or in your home. These services may also be provided in the offices of specially trained people or in hospitals or nursing homes that have agreements with PACE to give health care services to PACE participants.

9. **Health Related Services**-means the services which help PACE provide you with health services and help you maintain your independence. Such services include personal care, homemaker/chore attendant, recreational therapy, escort, transportation, home-delivered meals, financial management, and help with housing problems.
10. **Hospital Services**-mean those services which are usually given in general medical-surgical hospitals.
11. **Medical Emergency**-means an accidental injury or sudden sickness. The injury or sickness would be so serious that if you did not get care immediately, you might die or you might lose the use of parts of your body. Shock, unconsciousness, having difficulty breathing, heart attack symptoms, heavy bleeding, terrible pain, or a fall are all examples of medical emergencies.
12. **Medicare Part D**-means the drug benefit that became a Medicare benefit in January 2006. All PACE enrollees eligible will have their drug benefit provided by PACE. There are no additional co-payments or deductibles necessary. PACE provides the entire drug benefit including Over the Counter Medications your PACE Doctor prescribes. PACE does not use a drug formulary or list from which drugs are provided, rather your PACE Doctors works with you and your Personal Care Team to select the medication that is best for you.
13. **Monthly Charge**-means the amount you must pay, if you are required, on the first (1st) day of every month, to PACE to receive benefits as an enrolled participant.
14. **Nursing Home**-means a health facility licensed as a Nursing Home Facility by the State of Missouri.
15. **Participant**-means anyone who is eligible and has signed the Enrollment Agreement signature sheet to receive health care services from PACE. The words “you”, “your”, or “yours” also mean participant.
16. **Post Stabilization Care** – means care provided after an emergency that your treating provider sees as medically necessary after your emergency medical condition is stable. This care must be approved by PACE before they are provided outside the service area.
17. **Care Team**-means The PACE interdisciplinary professional team which is made up of a **doctor, nurse practitioner, social worker, registered nurse, pharmacist, home care coordinator, physical therapists, recreational therapists, occupational therapists, speech therapists, transportation coordinator and a dietitian**. They will review your medical, functional and psychosocial conditions and develop a treatment plan to give the care you need. Many of the services are provided and monitored by this Team. All services must be approved by a member of your Personal Care Team. From time to time, your Team will meet to talk about your needs, decide if your needs have changed, and change your treatment plan to meet these needs.

18. Service Area-

- Greene County
- Christian County
- Webster County
- Polk County – serve only the following zip codes: 65601, 65613, 65617, 65622, 65640, 65648, 65649, 65663, 65685, 65710, 65725
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- Laclede County – serve only the following zip codes: 65536, 65632, 65722

19. Service Location-means any location in the following counties/zip codes above (Greene, Christian, Webster, Polk, Lawrence, Dallas, Dade, Stoney, Barry, Taney and Laclede County,) where a participant is given health or health-related services which are listed in the Participant's Enrollment Agreement.

20. Urgent Care Services-You are absent from the PACE service area and you believe that the care cannot wait until you return to the PACE service area, but the condition does not put your life in danger.

3. Our Mission

PACE Mission Statement:

The PACE Mission is to enhance the quality of life and autonomy for frail older adults, while enabling the frail older adult to live in his or her home and in the community for as long as it is medically and socially feasible. PACE is designed to preserve and support the older adult's family unit while maximizing the dignity of and respect for older adults.

4. Program Description

PACE, a program of Jordan Valley Community Health Center, is a Program of All-inclusive Care for the Elderly (PACE). PACE is based upon the successful long-term care model in San Francisco known as On

Lok. This program was developed as a special health plan for senior citizens. Older people often have medical problems that last for long periods of time. This health plan can arrange for doctors, nurses or other specially trained people to help with these problems. It also gives PACE participants a place to go to receive this care.

PACE is different from any other kind of health care plan. It is a complete health care plan that offers a more personal way of getting health care. All of us at PACE want to get to know you. Once we do, our staff can work with you and your family to provide the care that you need.

We want to help you stay as independent as possible. We offer a complete program of health care and health related services, all designed to keep you living in your own home and community for as long as possible.

PACE provides a range of services across all care settings, twenty-four (24) hours a day, every day of the year. People who specialize in health care watch for changes in your condition, provide treatment, and encourage you to do things for yourself. Medical, nursing, physical therapy, occupational therapy, nutritional services, medical social work services, including services you can get in your home, are offered through PACE. In addition, special medical services such as hearing, dentistry, vision, psychiatry and speech therapy also are an important part of care.

If you need care in a hospital, you can get it through PACE. If you need nursing home services, PACE will arrange for care at a nursing home in the community. Also, PACE is interested in the medical, physical, emotional, and social needs of you and your family. After all, this is at the heart of our mission.

5. Special Features

There are some things in our plan that no other health care plan will give you.

- **A Personal Care Team**-A Personal Care Team made up people working especially for you creates a care plan with you and your family. Your team includes, at a minimum, a primary care provider, a registered nurse, a social worker, a dietitian, a physical therapist, an occupational therapist, a speech therapist, an activity coordinator, a PACE Center manager, a homecare coordinator, a personal care attendant (or their representative), and a driver (or their representative). Each Team member's special skills are used to find out all of your health care needs. The Team may also call on other specialists.
- **Authorization of Care**-You will get to know each of your Team members very well. They will help you to be as healthy and independent as possible. Your choices for health care must be approved in advance by your Team in order for those services to be paid for by PACE. About twice a year, your Team will talk about your needs. They will talk with you and your family to see if these needs have changed. They will meet more often with you and your family if your health needs require it, or at the request of you or your family.

If your Personal Care Team finds it necessary for you to receive additional services from other doctors or specialists, then they will approve these services before you see the outside provider. If you make appointments without the knowledge or consent of the Team, you may be responsible for payment of those services.

- **PACE Centers**-You will receive most of your health care services through one of our PACE Centers that is licensed as an Adult Day Care Facility, a multi-purpose center that provides you with health care, nutritious meals, activities, and opportunities to socialize and make new friends.
- **Doctors and Other Team Members**-Your PACE doctor and the other Team members who will provide your care make up the Personal Care Team at the center you attend.
- **Appropriate Place and Days for Your Care**-The reason PACE was developed is to provide care where it is needed. This means that the appropriate number of hospital days will be provided as necessary. Your Personal Care Team will decide the best way of caring for you and the best location after talking with you and your family. The Team also will decide what kind of care you can receive in your home and will be paid for by PACE.
- **“Lock-In” Provisions**-Once you are a PACE participant, your health care services must be provided through PACE. These services will be approved by the members of your Personal Care Team.
- **Special Payment**-If you are eligible for Medicare and/or Medicaid, PACE takes the place of the standard Medicare and/or Medicaid programs. The **only payment** made by Medicare and/or Medicaid for the care you need will be one payment each month to PACE. PACE **will provide all of your care**. You will receive all the services you normally receive through Medicare and Medicaid and may, in fact, even receive more services. This includes all of the prescription drug benefit you would be eligible for if you have elected to participate in Medicare Part D or are dually eligible for Medicare and Medicaid. There are no additional co-payments or deductibles charged to you for any of the services provided by PACE.
- **Financial Consent Form**-If you are eligible for Medicare and **not** Medicaid, you will be asked to pay what is equal to the payment PACE gets from Medicaid each month. You will be asked to sign a financial consent form acknowledging your agreement to pay the monthly premium.

6. Eligibility

To be eligible for enrollment in PACE you must:

- Be at least 55 years old;
- Live in the Jordan Valley Senior Care PACE service area;
- Be certified as having met the nursing home requirements by the Missouri Department of Health and Senior Services; and
- Be able to live in the community at the point of enrollment without jeopardizing your health or safety.

7. Accessing Services-Intake and Enrollment

There are four (4) steps to enrolling to PACE. As soon as you have completed all four steps, your medications, care from a doctor or nurse, and other services described in this booklet are covered. The four steps are:

1. **Intake** – Intake usually starts when you or someone in your family, or even someone from an agency, calls PACE to talk about your medical needs. This call tells us that you might be eligible to be a participant. We will come to your home to talk to you and explain our program. We also will look at your medical needs and decide the best way to meet them. During this visit, you will learn:
 - About the Enrollment Agreement;
 - How the PACE program works, the kinds of services we offer, and the answers to any questions you may have about us;
 - That if you enroll, you must agree to get all your health care from PACE; and
 - What your monthly cost, if any, will be.

After this visit, if you are interested in becoming a participant in PACE, a member of the Personal Care Team will discuss your health care needs with other Team members and set up a schedule of visits for you at our PACE Center. Usually, this schedule means that you will go to the Center for two (2) to three (3) days so you can get to know us and we can get to know you and learn about your special needs. We also will ask you to sign a paper giving us permission to get all of your medical records from doctors you have seen so we can get a complete picture of your health condition. The intake team will also evaluate whether or not you qualify for nursing home level of care with an assessment provided by the State of Missouri.

2. **Assessment** – Each member of your Personal Care Team will meet with you to get to know you better. After, your personal care team will meet to discuss their assessments. At this meeting, they will create a plan of care just for you. This can happen before or after you are enrolled.
3. **Enrollment** -A Personal Care Team member will meet with you to talk about enrolling in PACE. You can have your family or a close friend attend this meeting. We will discuss:
 - The plan of care the Personal Care Team feels you need and how your family will be a part of it;
 - Your monthly costs, if any;
 - The “Lock-in” feature - when you are a PACE participant, you will be cared for by your Team. This special Personal Care Team will do everything it can to keep you as healthy and active as possible. This means that once you are a PACE participant your health care services will be provided only through PACE. These services will be approved by members of your Personal Care Team. If you are eligible for Medicare and/or Medicaid, PACE **takes the place of the standard Medicare and/or Medicaid programs**. The only payment each month Medicare and/or Medicaid pays is to PACE. They will not pay other providers, because you may only be enrolled in one Medicare or Medicaid program at a time; and
 - What to do if you are unhappy with the care you receive from PACE.

We will ask you to sign the Enrollment Agreement signature sheet. After you sign it, you will receive:

- The **Emergency Magnet**. This brightly colored magnet should be placed on your refrigerator. This keeps it handy when you need it most.
 - Your copy of the **Enrollment Agreement Signature Sheet**. This must be signed before you can receive PACE services;
 - Your signed **Acknowledgement of the Care Plan** that your Personal Care Team designed for you;
 - **Your Personal Care Team** information; and
 - **PACE Contract Providers list**;
 - **A Confidentiality Statement**;
 - A photo/media release form.
4. **Final Approval**-Because PACE has promised to serve only people who need long-term care, the Missouri Department of Health and Senior Services must agree that your health situation makes

it necessary for you to have the kind of care PACE provides. The Missouri Department of Health and Senior Services will review the records written by the members of your personal care team who have checked your health to see if you are eligible for our care. If you do not qualify for the kind of care given by PACE, you will not be able to enroll. If that should happen, you may appeal that decision to the Missouri Department of Health and Senior Services at this address:

*MO HealthNet Division Attn: Participant Appeals
615 Howerton Court, 2nd floor
Jefferson City, MO 65109*

If you do not qualify to enroll in PACE, your eligibility for Medicare and/or Medicaid will not be affected. If you have paid any money to PACE, it will be refunded according to how long you have been in our care.

Important Notice:

If you are eligible for Medicare or Medicaid, the services or benefits you get once you become a participant in PACE are made possible through a special agreement that we have with Medicare (The Centers for Medicare and Medicaid Services (CMS) of the United States Department of Health and Human Services) and Medicaid (the Missouri Department of Health and Senior Services). When you become a Participant, you agree to accept benefits **ONLY** from PACE in place of your usual Medicare and Medicaid benefits. PACE will provide the same basic benefits plus many more.

Before you sign the enrollment agreement signature sheet, please read it carefully and be sure that it has been fully explained to you. Ask PACE staff questions to make sure you understand everything. If you enroll with us, you may cancel your enrollment if you change your mind. A voluntary disenrollment will be effective on the first day of the month following the date we received your notice of voluntary disenrollment. Until your disenrollment is processed, (at the end of the month in which you ask to disenroll) you must continue to use PACE services. This gives your Personal Care Team time to work with you and your family to plan for your future care needs. It also allows PACE to give proper notice to Medicare and Medicaid of your decision to leave PACE.

Note: You may not enroll in PACE by going to the Social Security Office.

8. Health Care Power of Attorney and Advanced Directives

It is important to PACE and your Personal Care Team to understand how you want your health care to be provided. A time may come when you are too sick to talk to your PACE Personal Care Team, your family, or your friends. It is the policy of PACE to discuss with you and your family, before you get too sick, what kinds of care you want provided. There are several ways for PACE to do this.

PACE will keep a written and signed copy of the kind of the care you want. No matter what you decide, PACE must give you the care you want. Here are ways for you to let PACE understand and honor your wishes:

- You may give written instructions. This is called an “advanced health care directive”;
- You may ask someone else to decide your care for you. This request must be in writing. This is called “health care power of attorney”; or
- If you do not want to do either an advanced health care directive or a health care power of attorney, then all you have to do is talk to your PACE doctor. Your PACE doctor will write down what you want, as part of your medical record.

9. Benefits and Coverage

Effective Dates of Enrollment

Your enrollment is effective on the first day of the calendar month, following the date that we receive your signed enrollment agreement. Your effective dates of enrollment are listed on your enrollment agreement signature sheet. ***Proceed to the Enrollment Agreement Signature Sheet on the next page.***

ENROLLMENT AGREEMENT SIGNATURE SHEET

Name of applicant: _____ Date of birth: _____

Sex at birth: _____ Male _____ Female _____ Intersex

Gender identity: _____ Man _____ Woman _____ Transwoman _____ Transman
_____ Nonbinary _____ Another unlisted

What are your pronouns? _____ He/Him _____ She/Her _____ They/Them _____ Another:

Permanent address: _____

Mailing address (if different from permanent address): _____

Medicare beneficiary status: _____ Part A _____ Part B _____ Part D _____ None

Medicare number: _____

Medicaid recipient status: _____

Medicaid number: _____

Other health insurance information (if applicable): _____

Primary language: _____ Secondary language: _____

IN WITNESS WHEREOF, I agree to enroll in the services of PACE. I have received a copy of the member enrollment agreement and talked with a PACE staff member about my enrollment benefits. I understand that once I enroll in PACE, I am to receive all my healthcare benefits from PACE.

A PACE staff member has reviewed the following information with me and/or my caregiver:

- Introduction and program description
- Mission statement of PACE
- Eligibility requirements for participation in PACE
- Process of enrolling in PACE
- Healthcare power of attorney and advanced directives

ENROLLMENT AGREEMENT CONTINUES ON NEXT PAGE

ENROLLMENT AGREEMENT CONTINUED

A PACE staff member has reviewed the following information with me and/or my caregiver:

Benefits and coverage information, which will include:

- Effective dates of enrollment and a sample of the Enrollment Conference Checklist.
- Description of the kind of benefits and coverage I receive with PACE.
- Information about the PACE Center that I will attend, including location, hours and what to do when the weather is bad.
- Information about the PACE Care Team who will care for me.
- PACE employees.
- PACE contract providers.
- Financing – monthly payment information, including what I may have to pay, if anything. Also, I understand what PACE will not pay for.
- Information about long-term care facilities and how they may be used for my care.
- Emergency and urgent care coverage.
- Information about what should be done if I am hurt in an accident.
- Copy of the Participant Rights – Bill of Rights.
- My responsibilities as a participant of PACE and the responsibilities of my caregiver.
- Information about the Participant Council and the Consumer Advisory Council.
- Information about the PACE grievance process.
- Information about the PACE appeals process.
- Information about the Medicaid and Medicare appeals processes.
- Information about stopping my PACE benefits.
- Information about re-applying to PACE.
- Confidentiality Statement.
- Definitions of terms in the agreement booklet.
- Notice that I may not disenroll from PACE at a Social Security office.

ENROLLMENT AGREEMENT CONTINUES ON NEXT PAGE

ENROLLMENT AGREEMENT CONTINUED

Jordan Valley Senior Care PACE

- I have been allowed to ask questions and my questions have been answered.
- I understand the PACE program and wish to become a participant.
- I understand that enrollment in PACE will result in automatic disenrollment from any other Medicare or Medicaid prepayment plan. I also understand that enrollment in any other Medicare or Medicaid prepayment plan or optional benefit subsequent to enrolling in PACE will subject me to voluntary disenrollment from PACE.
- I understand that if I move out of the Jordan Valley Senior Care PACE service area or am absent from Jordan Valley Senior Care PACE service area for a long period of time, I must notify PACE.
- I agree to accept my health services from PACE instead of other programs sponsored by Medicare and/or Medicaid and that my effective date of enrollment is:
- I understand that I am authorizing the disclosure and exchange of my personal information between the Centers for Medicare & Medicaid Services (CMS) and its agents, the Missouri Department of Health and Senior Services (MO HealthNet), and PACE.

Name of participant: _____

Signature of participant: _____ Date: _____

Name of witness: _____

Signature of witness: _____ Date: _____

Name of family member or guardian: _____

Signature of family member/guardian*: _____ Date: _____

Signature of authorized PACE representative: _____

* Signature other than that of the participant or immediate family member will be accompanied by the appropriate documentation in accordance with Missouri law and PACE policies and procedures.

9. Benefits and Coverage

There are many kinds of care provided by PACE. As a Participant in the PACE program, all necessary health services will be provided through PACE. Most care is delivered at the PACE Center. Your Personal Care Team knows about every kind of service offered and will decide with you on what is best for your needs. Services you can get from PACE are:

A. *Outpatient Health Services*

1. Adult Day Health Care.
2. Physician, clinic and specialist services, which may include advanced practice nurses. Female participants are entitled to choose a qualified specialist for women's health services from a PACE provider network to furnish routine and preventive care. Specialty services may include:
 - Anesthesiology
 - Audiology
 - Behavioral Health services/mental health and substance abuse services including community psychiatric rehabilitation services
 - Cardiology
 - Dermatology
 - Gastroenterology
 - Gynecology
 - Internal Medicine
 - Nephrology
 - Neurosurgery
 - Oncology
 - Ophthalmology
 - Oral Surgery
 - Orthopedic Surgery
 - Otorhinolaryngology (ear, nose and throat)
 - Plastic Surgery
 - Pulmonary Disease
 - Radiology
 - Rheumatology
 - General Surgery and Ambulatory Surgery
 - Thoracic and Vascular Surgery
 - Urology
3. Nursing Care.
4. Medical Social Services.
5. Physical, Occupational and Speech Therapy.
6. Podiatry.
7. Help for you and your family on how to choose and cook healthy foods.
8. Lab tests, X-rays and other tests used to find out what health problems you may have.
9. Artificial limbs and durable medical equipment (such as hospital beds, wheelchairs, and walkers).

10. Vision care, including examinations, treatment and items to help you see better, such as eyeglasses.
11. Psychiatric Care including evaluation, consultation, diagnosis and treatment.
12. Hearing Services, including evaluation, hearing aids, repairs and maintenance.
13. Prescribed drugs and medicines. If you have Medicare Part D, PACE now becomes your Prescription Drug Plan. **You must get your drugs through your PACE Center.**

B. *Hospital Inpatient Care*

- Semi-private room and meals
- General medical and Nursing services.
- Medical/Surgical, Intensive Care, Coronary Care units, as necessary.
- Laboratory tests, X-rays and other tests used to find out what health problems you have.
- Prescribed drugs and medicines.
- Giving you blood or some of the different parts of blood.
- Surgical care including use of medicine that puts you to sleep during surgery.
- Use of Oxygen.
- Physical, Speech, Occupational and Respiratory Therapies.
- Medical Social Services.
- Emergency Department Care.
- Ambulance Service.
- Treatment Room Services.

C. *Long-Term Care Facility*

- Semi-private room and meals
- Doctor and nursing services
- Custodial care.
- Personal care and assistance.
- Physical, Speech and Occupational Therapies.
- Medical Social Services.
- Medical supplies and appliances.

D. *Home Health Care*

- Skilled nursing services.
- Doctor's visits.
- Physical, Speech, and/or Occupational Therapies
- Medical Social Services
- Home Health Aide Services.
- Homemaker/Chore services.
- Home delivered meals with special diets.
- Respite Care.
- Personal care and assistance.

E. End of Life Care

End of Life Care (Hospice) services include care in the hospital, care in a nursing home or in the PACE center, care at home, or outpatient services.

F. Health Related Services

Health related services include transportation, homemaker/chore services, home delivered meals, help in getting around your community, and help in handling your money and paying your bills.

G. Dental Care

Dental care will be given to you according to your needs. Your Personal Care Team must approve of the dentist who will care for your teeth and gums. When you first join PACE, you will get a dental checkup. After that, you will be given a checkup every year. The most important thing to us is to care for any painful or infected teeth or gums. We want to keep your mouth healthy so you can eat and drink without any problems.

Dental services may include:

- Diagnostic services – examinations and tests, or X-rays, to see what your needs are.
- Preventative services – cleaning and instruction in keeping your teeth and gums as healthy as possible.
- Restorative dentistry – fillings, temporary or permanent crown(s).
- Prosthetic appliances – complete or partial dentures.
- Oral surgery – pulling teeth (called “extracting”) or the removal or repair of soft and hard gum tissue.

PACE staff provide all primary care services through the PACE Center and in-home service programs. Sometimes, the Personal Care Team feels a special type of care is needed for a participant. If none of the Team members is trained to give this care, PACE can make special arrangements with hospitals and other people in the community who are trained to provide it.

Second Medical Opinion

You may want an opinion from a different health care provider. In such cases you must ask PACE to get this second opinion. If you do this, PACE will pay for it.

The PACE Center

You will receive most of your health care services in the PACE Center. The name and location of the center is: Jordan Valley Senior Care Day Center, 1720 W. Grand St., Springfield, MO 65802.

“What are the hours of operation?”

Our regular center hours are from 8:00 a.m. until 5:00 p.m., Monday through Friday. If you need help after hours, you may call us. Always feel free to call if you have questions or concerns.

Use this special number if you need to speak with someone at night, on weekends, or during holidays:
417-851-1550.

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 do the following:

Contact us BEFORE 8:00 a.m., or as soon as possible, so your driver and the rest of your care team will know you will not be attending.

“What about holidays?”

PACE is closed on legal and city holidays. We will let you know when we will be closed due to a holiday. Here is a list of the days during the year that PACE closes and center services are not provided:

**New Year's Day
Martin Luther King, Jr. Day
Memorial Day
Fourth of July
Labor Day
Thanksgiving Day & Following Friday
Christmas Eve & Christmas Day**

“What will happen if the weather is bad?”

We may be closed on snow and bad weather days. Generally, if Springfield area public schools are closed, your Jordan Valley Senior Care PACE Day Center will also be closed. Local TV and radio stations will announce public school closings.

You may call this special number to hear about emergency updates:

417-851-1550

If the weather becomes bad while you are at the Center, we will try to send everyone home early. If we close early, we will notify family and/or caregivers as needed.

If your walkways and stairs are clear of ice and snow, this makes it easier for your PACE drivers to do their job getting you to and from your home safely. If you are not able to have the ice or snow cleared from your walks and stairs, please let us know. We may be able to help you.

The PACE Care Team

Your Personal Care Team will be assigned to you at the enrollment conference. Your PACE Center has its own Care Team which consists of the following people:

- **Center Manager** is responsible for the day-to-day operations of the PACE Center.
- The **Primary Care Physician** is the doctor responsible for overseeing the primary medical care you will receive.
- The **Nurse Practitioner** is responsible, along with the physician, for the medical care you will receive. Together, the Nurse Practitioner and the Physician make up your primary care team.
- **Staff Nurses** are responsible for overall nursing care needs. They work closely with the physician and nurse practitioner to provide your medical care.

Certified Nursing Technicians are responsible for the patient care activities such as helping you with your personal needs.

- **Home Care Coordinators** are responsible for the coordination of services offered in the home, including personal care aides and equipment.
- The **Pharmacist** is responsible for medicines that you may take.
- The **Dietician** is responsible for making sure your food and nutritional needs are met.
- **Social Workers** are responsible for social support services. They may help you find outside social resources, answer questions about your money management or Medicaid, and be a resource for help with family and emotional issues.
- The **Activity and Recreation Therapists** encourage you to meet other participants, teach you new crafts, play games, and take you on field trips. In other words, they are the wonderful people who dream up fun things for you to do. You may suggest new or different activities that you would also enjoy while at your PACE center.
- The **Physical Therapist** helps you do things that keep your muscles strong. This helps you move around better. The physical therapist also makes sure that any equipment you get, like a wheelchair or a walker, fits your needs and is easy for you to operate.
- The **Rehabilitation (Rehab) Aide** helps the physical therapist with your care.

- **The Occupational Therapist** helps you exercise your arms and hands so that you can do some of the things you enjoy. This includes being able to comb or brush your hair, feed yourself, or write your name.
- **The Speech Therapist** is responsible for helping you use the muscles in your face. This helps you to eat and speak and communicate with others.
- The **Transportation Coordinator** is responsible for managing the transportation needs of the PACE center. The Transportation Coordinator schedules your travel time and the drivers' routes so that you don't spend too much time in the vans. The Transportation Coordinator will also let you know if your driver is running late, or if there is a problem.
- **Driver/Aides** are the people who pick you up in the morning and bring you home at night. They may also drive you to field trip outings with other participants or take you to a medical specialist appointment.

Contract Providers

PACE partners with other providers in order to better meet your needs. Included as an insert in your enrollment/family conference packet is a list of contract providers. New lists are sent to you each year.

This list is kept updated and any changes will be provided to you throughout the year as needed. You may request a copy of the contract provider list at any time, but remember, all contract services must be pre-approved by your Personal Care Team.

An example of people on this list may include specialists, such as eye doctors, dentists, and others. Transportation services other than PACE staff may sometimes be used. Also included on this list are hospitals, assisted living facilities, and home care providers, among others.

Financing-Monthly Payment Information

Your payment each month will depend on your eligibility for Medicare and Medicaid.

If you have **Medicare and Medicaid**, there are no charges to participate in the PACE Program.

If you have **Medicaid only**, there are no charges to participate in the PACE Program.

If you have Medicare only:

- If you have Medicare Part A, and are enrolled under Medicare Part B, and are **NOT** eligible for Medicaid, you will pay a monthly payment to PACE as outlined in the Private Pay Work sheet. The payment is equal to the Medicaid rate the program receives **plus** the Medicare Part D premium which is determined annually based on actual pharmacy expenses.
- If you are only eligible for Medicare Part B, you will still pay the monthly bill to the Social Security Administration (SSA) to stay eligible. If your eligibility for Medicare/Medicaid programs changes while you are a PACE Participant, your monthly charge will be changed.
- **NEITHER MEDICARE NOR MEDICAID (private pay)**
If you are not eligible for Medicare or Medicaid, you will pay a monthly payment to PACE equal to the Medicaid rate the program receives plus the Medicare Part D premium.

If you have to pay a monthly charge to PACE, 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 by the first day of every month.

Payment can be made by check, money order, or cash to:

**Jordan Valley Senior Care
1720 W. Grand St.
Springfield, MO 65802**

“What happens if I pay late?”

If you have not paid your monthly bill by the 10th of the month, the Center manager will follow up with you and then if payment isn’t received by the end of the month the involuntary dis-enrollment process will be initiated as described below:

If you still have not paid your bill by the end of the month, you will receive a letter explaining that you will be involuntarily disenrolled from the PACE program if you do not pay your bill and the involuntary disenrollment process will begin. Example: You are billed \$100 for the month of January. Payment is due by January 10th. If you still have not paid your bill by February 1st for January care received, then the involuntary disenrollment process will begin with your disenrollment becoming effective March 1st in order that PACE can get you back into the Medicare and Medicaid fee for service system.

If you are disenrolled, a discharge plan will be developed by your personal care team in order to determine your ongoing care needs.

PACE sets its monthly charges once a year and has the right to change its charges with thirty (30) days notice.

9. Benefits and Coverage

Financing - Exclusions and Limitations

The staff of PACE promises to give you the very best care possible, but there are some things they cannot do for you. A list of the services that PACE cannot pay for includes:

- Cosmetic surgery **unless** it is required to help you in your everyday life, or if it is needed to treat any parts of your body that have been seriously hurt in an accident or for reconstruction following a mastectomy;
- Experimental medical, surgical, or other health procedures/treatments*;
- Any services provided outside of the United States, except as may be permitted by Medicare under the state's approved Medicaid plan (The United States includes the 50 states and the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.);

*PACE understands that there may be a medical or health care treatment or service that may be helpful in preventing or correcting a health problem and may not be covered under this program. If this service or treatment is not covered by PACE, your Personal Care Team will look at what else they can do and let you know about your available choices.

9. Benefits and Coverage

Long Term Care Facilities

If at any time your Personal Care Team decides with you and your family that you can no longer be cared for in your home, you may need to be placed in another health care setting. This can be for a short period of time, or if necessary, it can be a permanent placement.

If you remain in a long-term care facility on a permanent basis, PACE may require you to contribute to the cost of your care. PACE continues to provide all your medical care and supervise all your needs. Your PACE physician will continue to provide all your care.

The only time this is not true is when you have a husband, wife, or disabled adult child who will continue to live in your home while you are in the long-term care facility. If this is true, then you may not need to contribute to the cost of your care.

As part of the process of placing you in a long-term care facility, PACE will notify Medicaid eligibility to determine what, if anything, you will be required to pay PACE. If you do not pay the amount of money that Medicaid determines you owe PACE, you could affect your eligibility for Medicaid and your continued enrollment in PACE. This amount you must pay is called Patient Liability. You will be asked to sign a financial consent form agreeing to pay any applicable patient liability monthly.

These rules are true for everyone who receives Medicaid assistance and is placed in a long-term care facility. For you to continue to be a PACE Participant you must abide by the rules.

10. Emergency and Urgent Care

PACE provides for your care around the clock, twenty-four (24) hours a day, every day of the year. When you enroll in PACE, you will receive an instruction sheet to post by your phone. This sheet will clearly identify what is considered an emergency.

If you feel you have an **urgent medical condition**, you should contact PACE immediately. **If you feel your condition requires immediate attention, please call 911. You must notify PACE immediately if you use 911 emergency services.**

Urgently Needed Care is a covered service provided to you when:

- a. You are absent from the PACE service area; and
- b. You believe that the care cannot wait until you return to the PACE service area, but the condition does not put your life in danger.

Approval for **urgent care** service is given within one hour after PACE is notified. If we have not taken action after one hour, then approval is given by default.

If you feel that you need health care services quickly, **but it is not an emergency**, PACE will arrange for these urgently needed care services.

If you call after normal working hours (8:00 a.m. to 5:00 p.m.), the PACE Answering Service will immediately call one of its providers who will tell you what to do and help you get the care you need. A provider is available 24 hours a day.

**The PACE Provider On-Call
417-851-1550**

If you need to be taken to the hospital, the provider will make arrangements to send an ambulance to you.

Emergency Medical Condition means a 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 the following:

- 1. Serious jeopardy to your health;
- 2. Serious impairment to bodily function; or
- 3. Serious dysfunction of any bodily organ or part.

Examples of emergencies include problems breathing, chest pain, or bleeding that is hard to stop. Because of the emergency, you may need to get this care from the closest and fastest source possible. This may mean including sources other than PACE or its contract providers. You will not be required to pay for any services that are required to treat emergencies, even if the services are provided outside Richland and/or Lexington County and/or by a source other than PACE or its contracted providers.

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 staff mean I could risk permanent damage to my health?
3. Could I die as a result?

If you believe your problem is a matter of life or death, requiring much faster help, please call:

**Emergency Telephone Number
911**

You do not need prior approval for emergency services.

Please answer all questions as carefully as you can. Do exactly what you are told by the operator. If your problem is an emergency, you will be taken to the nearest Emergency Room of a hospital. Again, **you must notify PACE as soon as possible if you have called 911 for service.**

Post Stabilization Care – means care provided after an emergency that your treating provider sees as medically necessary after your emergency medical condition is stable. This care must be approved by PACE before they are provided outside the service area.

If you are away from your home and out of your service area, PACE will cover your emergency or urgently needed care. However, PACE will only cover your services for up to thirty (30) days during this time. If you were given emergency medical care while you were spending a short time away from the service area, **you must tell someone at PACE as soon as possible.** You must give PACE information about the emergency and the care you received. If you are in a hospital or are still getting care, we have the right to arrange to move you to another hospital within our network. We will also change your provider to a PACE provider.

If you are in a hospital when you are out of town, you have to tell PACE within one (1) full day, or twenty-four (24) hours, or as soon as your medical condition gets better and you are able to tell us.

If you have paid for the urgent or emergency medical service you received when you could not get care from someone at PACE, you should ask for a receipt from the hospital or provider who treated you.

The receipt must show:

- The provider's name;

- Your health problem;
- The treatment you received;
- The date of treatment and when you were able to leave; and
- How much you had to pay for the service.

You will be paid back for this care if you send your receipt to:

**Jordan Valley Senior Care
1720 W. Grand St.
Springfield, MO 65802**

However, if you get any medical care outside of the United States, except as may be permitted by Medicare or under the state's approved Medicaid plan, PACE will not pay for it.

11. Accidental Injury

If you are injured by someone else's actions, such as being involved in an automobile accident, and you require additional medical care, PACE will provide that additional care.

However, if you recover any money from the party who injured you, or someone paying on behalf of that person, such as an insurance company, PACE has a claim upon that recovery in the amount of the costs PACE had to spend to provide you with the additional medical care you received because you were hurt. These are the same kinds of rules and regulations that would apply under your usual Medicare and/or Medicaid service if you are eligible.

Remember, you **must** notify PACE if you are involved in an accident.

12. Your Rights in the Programs of All-Inclusive Care for the Elderly

The Programs of All-Inclusive Care for the Elderly, also called PACE, is a special program that combines medical and long-term care services in a community setting. When you join a PACE program, you have certain rights and protections. PACE, as your PACE program, must fully explain and provide your rights to you or someone acting on your behalf in a way you can understand at the time you join.

To be eligible, you must

- Be age 55 or older.
- Live in the service area of the PACE program.
- Be certified as eligible for nursing home care by the State Administering Agency.
- Be able to live safely in the community at the time of enrollment with PACE services

The goals of PACE are:

- To maximize the independence, dignity, and respect of PACE members;
- To help make PACE members more independent and improve their quality of life;
- To provide coordinated quality health care to PACE members;
- To keep PACE members living safely in their homes and communities as long as possible;
- To help support and keep PACE members together with their family.

At PACE, we are dedicated to providing you with quality health care services so that you may remain as independent as possible. This includes providing all Medicare-covered items and services and Medicaid services, and other services determined to be necessary by the interdisciplinary team across all care settings, 24 hours a day, 7 days a week. Our staff seeks to affirm the dignity and worth of each participant by assuring the following rights:

You have the right to be treated with respect.

You have the right to be treated with dignity and respect at all times, to have all of your care kept private and confidential, and to get compassionate, considerate care. You have the right:

- To get all of your health care in a safe, clean environment and in an accessible manner.
- To be free from harm. This includes excessive medication, physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms or to prevent injury.
- To be encouraged to use your rights in the PACE program.
- To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to PACE staff about changes in policy and services you think should be made.
- To use a telephone while at the PACE Center.
- To not have to do work or services for the PACE program.

You have a right to protection against discrimination.

Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. They cannot discriminate against you because of your:

- Race
- Ethnicity
- National Origin
- Religion
- Age
- Sex
- Mental or physical disability
- Sexual Orientation
- Source of payment for your health care (For example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at the PACE program to help you resolve your problem. If you have any questions, you can call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have a right to information and assistance.

You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions. You have the right:

- To have someone help you if you have a language or communication barrier so you can understand all information given to you.
- To have the PACE program interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To get marketing materials and PACE participant rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.
- To have the enrollment agreement fully explained to you in a manner understood by you.
- To get a written copy of your rights from the PACE program. The PACE program must also post these rights in a public place in the PACE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by the PACE program. This includes telling you which services are provided by contractors instead of the PACE staff. You must be given this information before you join, at the time you join, and when you need to make a choice about what services to receive.
- To be provided with a copy of individuals who provide care-related services not provided directly by PACE upon request.
- To look at, or get help to look at, the results of the most recent review of your PACE program.

Federal and State agencies review all PACE programs. You also have a right to review how the PACE program plans to correct any problems that are found at inspection.

You have a right to a choice of providers.

You have the right to choose a health care provider within the PACE program's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have the right to have reasonable and timely access to specialists as indicated by your health condition.

You also have the right to receive care across all care settings, up to and including placement in a long-term care facility when the PACE organization can no longer maintain you safely in the community.

You have a right to access emergency services.

You have the right to get emergency services when and where you need them without the PACE program's approval. A medical emergency is when you think your health is in serious danger— when every second counts. You may have a bad injury, sudden illness or an illness quickly getting much worse. You can get emergency care anywhere in the United States and you do not need to get permission from PACE prior to seeking emergency services.

You have a right to participate in treatment decisions.

You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right:

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions. This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- To have the PACE program help you create an advance directive, if you choose. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- To be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.

You have a right to have your health information kept private.

- You have the right to talk with health care providers in private and to have your personal health care information kept private and confidential, including health data that is collected and kept electronically, as protected under State and Federal laws.
- You have the right to look at and receive copies of your medical records and request amendments.
- You have the right to be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
- You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any questions about this privacy rule, call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800- 537-7697.

You have a right to file a complaint, request additional services or make an appeal.

You have a right to complain about the services you receive or that you need and don't receive, the quality of your care, or any other concerns or problems you have with your PACE program. You have the right to a fair and timely process for resolving concerns with your PACE program. You have the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to PACE staff and outside representatives of your choice. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened, or discriminated against.

- **To contact 1-800-Medicare for information and assistance, including to make a complaint related to the quality of care or the delivery of a service.**

You have the right to request services from the PACE organization that you believe are necessary. You have the right to a comprehensive and timely process for determining whether those services should be provided.

You also have the right to appeal any denial of a service or treatment decision by the PACE program, staff, or contractors.

You have a right to leave the program.

If, for any reason, you do not feel that the PACE program is what you want, you have the right to leave the program at any time and have such disenrollment be effective the first day of the month following the date PACE receives the participant's notice of voluntary disenrollment.

Additional Help:

If you have complaints about your PACE program, think your rights have been violated, or want to talk with someone outside your PACE program about your concerns, call 1-800-MEDICARE or 1-800-633-4227 to get the name and phone number of someone in your State Administering Agency.

13. Participant and Caregiver Responsibilities

The services of PACE depend on the involvement of you, the Participant, and your family. Your Personal Care Team will work closely with you to be sure that your health care needs are met to the greatest degree possible. In order to do that, participants and caregivers have the following responsibilities:

- To be involved with the planning of your care.
- To cooperate with the care plan developed especially for you.
- To use only the services authorized by PACE.
- To take your medications as the PACE provider orders.
- If you have an emergency, that you follow the specific PACE Emergency plan developed for you.
- To use the hospitals chosen by PACE for all hospital care.
- If you are away from home and an emergency arises, you must notify PACE within 24 hours or as soon as you possibly can.
- If you wish to disenroll from PACE, you must provide a written or verbal notice of your wish to leave the program.
- You must pay any monthly fees on time.
- To notify PACE if you are injured by someone else's actions, such as being involved in an automobile accident.
- To let PACE know as soon as possible when you are not satisfied with care or services.
- To exhibit conduct and behavior that does not endanger you, other Participants, or PACE staff.
- To notify PACE if you move or have a lengthy absence from the PACE service area.

14. Consumer Support and Advocacy

Participant Council

At PACE, participants meet on a regular basis with a staff representative to offer suggestions about what they like about PACE and what they feel can be better. Participants have the right to make suggestions to the staff about their care, the center, and the program and are encouraged to do so.

Participant Advisory Committee

PACE has a Participant Advisory Committee (PAC) where information is shared and the opportunity for participants and/or their representatives to provide feedback is available.

At quarterly meetings, the PAC discusses such items as participant rights and responsibilities, quality of care, changes in regulations, outside medical providers, PACE Center activities, program policies, and program structure. PAC meeting minutes are shared with the PACE Advisory Board and the PACE Management Team.

If you or your caregiver are interested in participating on the PAC please let your Center Manager know.

15. Your Satisfaction: Participant Grievance Procedure

We want to be sure that all PACE Participants are satisfied with the care they receive. Please let us know right away if there is a problem or concern about care or if you feel you are not receiving services that you need.

The following definitions used in this section are for your information. They are used as a guideline from Medicare and Medicaid.

Grievance: Any expression of dissatisfaction, either written or oral, expressed by the Participant, the Participant's family member, or the Participant's legal representative, with the service delivery or the quality of your care furnished by PACE, whether medical or non-medical in nature.

Appeal: A Participant's, a Participant's family member, or a Participant's legal representative's action taken with respect to PACE's non-coverage or non-payment of a service, including denials, reductions, or termination of services.

Overview of PACE Grievance Procedure:

YOU HAVE THE RIGHT TO FILE A GRIEVANCE ABOUT ANYTHING. HERE ARE A FEW EXAMPLES:

- The quality of services you receive in the home, at the PACE center, or in any inpatient stay (hospital, skilled nursing facility, or nursing home);
- Mistakes you feel have been made;
- Waiting times on the phone or in the waiting/exam room;
- Behavior of any of your care providers or program staff;
- Adequacy of center facilities;
- Quality of food provided; or
- Transportation services.

Information on how to file a grievance will be reviewed with you at least annually and anytime you or your family requests it.

If you file a grievance, you will continue to receive health services the same as before you filed the grievance. PACE employees will not discuss your grievance with other Participants or anyone else not involved with investigating your grievance.

You may file a grievance with any staff member, either verbally or in writing, at any time. You or your family member can telephone the center during the hours of 8:00 a.m. - 5:00 p.m. or call 417-851-1550 after hours.

Once you or your family member have filed a grievance, PACE must discuss it with you or your representative and provide you with the specific steps, including the time frames for response, that will be taken to resolve the grievance, which includes a written notification of the grievance process. We must continue to furnish you with all services at the frequency provided in the current plan of care during the grievance process.

It is the responsibility of our Center Manager to investigate and seek a resolution of the grievance, as soon as possible, but no later than 30 business days. The grievance and the resolution will be discussed by the Personal Care Team during our morning staff meetings.

All efforts will be made by the team to pursue a resolution to its utmost ability, so that problems with service delivery do not go unresolved. If you or your family member is still not satisfied with the resolution proposed by the team, you will be informed, either orally or in writing, of what action you may take.

All efforts will be made by the PACE Director to resolve the ongoing grievance within 30 days by using the resources of the program, including the Medical Advisory Board, Ethics Committee, and/or the Quality Assurance Committee. If you or your family member is still not satisfied with the resolution proposed, you can request an additional review by the Administrator of Post-Acute Services. The Administrator of Post-Acute Services may at any time draw upon these same resources in responding to the initial grievance.

If you are not satisfied with the interdisciplinary team's resolution, you and/or your designated representative have the right to report your grievance to the state administering agency (SAA).

Further Action

Jordan Valley Senior Care PACE operates as your MO HealthNet Division benefit provider under the Department of Social Services. MO HealthNet encourages you to bring your grievance to the attention of Jordan Valley Senior Care PACE first. After your grievance decision with Jordan Valley Senior Care PACE is finalized, if you are not satisfied with the response, you may then submit your grievance to the State of Missouri.

When submitting a grievance to the State of Missouri, provide as much detail as possible including names and contact information, date of the incident(s), location and specific concern(s). The MO Health Net will contact the participant if additional information is needed.

Grievances may be submitted verbally or in writing to:

MO HealthNet Division
Attn: Hearings
615 Howerton Court, 2nd Floor
Jefferson City, MO 65109

Complaint information helps with oversight activities and allows PACE the opportunity to improve the quality of care we provide. The State of Missouri will address all complaints that relate to patient

rights, quality of care, safety, and infection control. Upon the receipt of the grievance form, the state will send a letter of acknowledgement. They will then determine the appropriate steps necessary to respond to the complaint.

15. Your Satisfaction: Service Determination Request

What is a Service Determination Request?

- A request to initiate a service.
- A request to modify an existing service, including to increase, reduce, eliminate, or otherwise change a service.
- A request to continue coverage of a service that PACE is recommending be discontinued or reduced.

Who can make a Service Determination Request?

- The participant, the participant's designated representative, the participant's caregiver.

The service determination request may be made either verbally or in writing to any employee or contractor of PACE that provides direct care to the participant.

Approval or Denial of a Service Determination Request

PACE must bring a service determination request to the interdisciplinary team as expeditiously as the participant's condition requires, but no later than three (3) calendar days from the time the request is made.

If possible, a member of the interdisciplinary team may approve the service determination request in full at the time the request is made.

If not fully approved at the time of the request, the full interdisciplinary team must review and discuss each service determination request and decide to approve, deny, or partially deny the request based on the review.

The interdisciplinary team must consider all relevant information when evaluating a service determination request, including, but not limited to, the findings and results of any reassessments.

If the interdisciplinary team expects to deny or partially deny a service determination request, the appropriate members of the team, as identified by the team, must conduct an in-person reassessment before the team makes a final decision. The team members performing the reassessment must

evaluate whether the requested service is necessary to meet the participant's medical, physical, emotional, and social needs.

If the interdisciplinary team decides to deny or partially deny a service, it must provide the participant or designated representative both oral and written notice of the determination that includes the specific reasons for the denial, including why the service is not necessary to maintain or improve the participants overall health status, taking into account the participants medical, physical, emotional and social needs and the results of the reassessments. The notification will also include how to initiate the appeal process.

15. Your Satisfaction: Overview of the Appeal Process

If PACE denies your request for a service or for payment of a service, you have the right to file an appeal. All appeals must first follow the Service Determination Request process prior to initiating the Appeal process. If the interdisciplinary team fails to let you know in a timely manner the resolution of your Service Determination Request or does not provide the services that were required by the changed plan of care, your request must be processed as an appeal. You will be given written information on how to file an appeal at enrollment, at least annually thereafter, and whenever we deny a Service Determination Request for services or payment. Also, you or your family may request information on our appeal process at any time.

If you file an appeal, you will continue to receive the health care services the same as before you filed the appeal. However, if the appeal does not favor you, then you will be responsible for payment of the services in question. PACE employees will not discuss your appeal with anyone else not involved in investigating your appeal.

Once PACE denies either a Service Determination Request or payment for a service, you can file your standard appeal either verbally or in writing. You or your family may appeal the decision by telephoning your assigned center between the hours of 8:00 a.m. - 5:00 p.m. or by sending a letter to PACE at the following address:

**Jordan Valley Senior Care
1720 W. Grand St.
Springfield, MO 65802**

In addition to our PACE Director, a person not involved in our initial decision will evaluate your standard appeal. This person is both impartial and appropriately qualified to decide. You, your authorized representative, or caregiver will be given a reasonable opportunity to present evidence related to the dispute, in person, as well as in writing for consideration during the appeal process.

We will decide on your appeal as expeditiously as your health condition requires, but no later than 30 calendar days after receiving your request for an appeal.

If you believe that your life, health, or ability to regain or maintain maximum function could be seriously jeopardized if the disputed service is not provided, you may request an expedited appeal. The PACE Director and the objective third party will review your case immediately and respond back to you within 72 hours, or 14 days, if we are able to show to you that we need more time to review the case.

The Decision on Your Appeal.

In either case, whether a standard appeal or an expedited appeal, all parties involved in the appeal will be given appropriate written notification of the decision to approve or deny the appeal. If the appeal is approved, the service or payment will be fulfilled as quickly as possible.

External Appeal.

If we do not decide in your favor for a service or payment of a service, you have additional appeal rights, called external appeal rights. Your request to file an external appeal must be made in writing. The next level of appeal involves a new and impartial review of your case through either the Medicare or Medicaid program. The Medicare program contracts with an “independent review organization” to provide external review on appeals involving PACE organizations. This review organization is completely independent of our PACE organization.

The Medicaid program conducts the next level of appeal through the State's fair hearing process. If you are enrolled in Medicaid, you can appeal if we still want to either reduce or stop a service you are receiving. Until you receive the final decision, you may choose to continue to receive these services; however, you may have to pay for these services if the decision is not in your favor.

If you are enrolled in both **Medicare and Medicaid**, you may choose which appeals process you wish to follow. If you are not sure which program applies to you, ask us. **You must choose either Medicare or Medicaid. The External Appeal may only be made to one or the other, (Medicare or Medicaid) but not both.** PACE can help you with whatever appeal process you choose and you must contact the Executive Director within 14 days to notify them of the decision to appeal externally.

The participant must exhaust the Jordan Valley appeal process prior to filing a Medicaid appeal via the State's Fair Hearing Process. Medicaid appeals can be filed at the address below but must be filed within 30 calendar days from the receipt of the Notice of Appeal Decision. Requests for a State Fair Hearing may be submitted by phone, mail, or electronically via email:

MO HealthNet Division
Attention: Hearings
615 Howerton Court, 2nd floor
Jefferson City, MO 65109
1-800-392-2161 or Statefairhearings@dss.mo.gov

If the external appeal decision is in your favor, Jordan Valley will provide or pay for the service(s) in question as quickly as your health requires, but no later than 30 days after the decision. If the decision is not in your favor, you will be notified verbally and in writing of the decision and that the decision is final.

If you are enrolled in both Medicare and Medicaid, or Medicare only, you may choose to appeal using Medicare's external appeal process. We will send your appeal to the separate review panel that Medicare has designated as the agency for reviewing external appeals.

The CMS designated agency for reviewing external appeals will either maintain our original decision or change our decision and rule in your favor.

There is an expedited and a standard external appeal process. You can request an expedited appeal if you believe that your health would be jeopardized by not receiving the service in question. In an expedited external appeal, we will send your case file to the designated agency as quickly as your health requires. The designated agency must give us a decision within 72 hours after they receive the appeal from us. If the designated agency asks for more time to review the appeal, they must give us their decision within fourteen (14) days. You will be notified if an extension is granted. For a standard appeal, you will get a decision within thirty (30) days after you request the appeal.

If the designated agency's decision is in your favor for an expedited appeal, we must give you the service as quickly as your health condition requires.

If the designated agency's decision is in your favor for a standard appeal, we must give you the service as quickly as your health condition requires.

OR

If you have requested payment for a service that you have already received, we must pay for the service.

If the designated agency's decision is NOT in your favor for either the standard or expedited appeal, there are further levels of appeals, and we will assist you in pursuing your appeal further if you choose to do so.

16. Termination of Benefits

Your benefits from PACE can be stopped if you choose to give up your enrollment in the program. If you decide to give up these benefits, you have done it voluntarily or on your own. If you no longer meet the conditions of enrollment, you will give up the benefits involuntarily.

You must still use PACE services and pay the monthly charge, if there is any, until your time of being a Participant is over. If you are in the hospital on the date of your planned disenrollment, your PACE benefits will continue until the next disenrollment period.

NOTE: You cannot disenroll from PACE by going to the Social Security office. You must tell PACE you want to leave the program.

Voluntarily Leaving PACE - if you want to cancel your benefits by leaving PACE, you should talk about it with a Team member at the PACE Center. You may leave for any reason at any time. However, please let us know either verbally or in writing. If you tell us verbally of your wish to disenroll, you must sign a disenrollment form. PACE will disenroll you effective the first day of the month following the date we received your request. PACE will work with you to coordinate your health care outside of PACE with community providers so that your health needs may continue to be met.

Involuntarily Leaving PACE - PACE can stop your benefits by giving you thirty (30) days notice in writing if:

- You move out of the PACE service area for more than thirty (30) days, unless the absence is due to circumstances beyond your control (in which case you must have notified us in writing);
- You and/or your caregiver consistently do not follow instructions for your special plan of care, and/or the terms of your enrollment agreement thereby threatening your health and safety;
- You or your caregiver's behavior threatens the health and safety of yourself or others;
- You or your caregiver exhibit behavior that is disruptive or threatening;
- You do not pay or have not worked out some way to pay any money due PACE after the thirty (30) day grace period;
- You no longer meet nursing home level of care eligibility and not deemed eligible; or
- PACE loses the contract with Medicare and/or Medicaid and/or licenses which make it possible to provide health care services.

The effective date to all rights to benefits will stop at midnight of the last day of the month following the end of the thirty (30) day notice period. **You must use PACE services until that date.**

Whether your disenrollment is voluntary or involuntary, PACE will do its best to make sure you receive care for services in other Medicare and Medicaid programs for which you are eligible, including access to medications through a Prescription Drug Plan as applicable. We will work with the Medicare and Medicaid agencies by making your medical records available to your new care providers in a timely manner.

If you had additional health care coverage through a Medigap policy, you may be eligible to reapply for that policy when you disenroll from PACE. PACE will help you with this process.

You have the right to a fair hearing any time services are denied, reduced, or terminated. PACE cannot take your benefits away until the State Medicaid agency makes its decision.

17. Renewal Provisions

If you choose to leave PACE (voluntarily), you may reapply to enroll; however, you must still meet the eligibility requirements. If you leave involuntarily because you did not pay your monthly bill, you may re-enroll simply by paying the bill. However, you must make this payment before the end of the last month that you are able to get any services from PACE, or you will have to begin the application process over again. If you pay your bill on time, your coverage will begin starting on the first day of the next month.

18. Confidentiality Statement

At PACE, we will respect your privacy concerning information about your health and will protect information that identifies you along with your medical condition. Any contract providers who care for you must also protect and respect your privacy concerning your health information as part of their agreement with us.

Your medical records will only be given to those who are authorized to receive them. This will include court orders and any state or federal laws.

Because PACE recognizes your privacy rights, we also ask that you and your caregivers be sensitive to the privacy rights of other Participants and caregivers.