

## **Edenbridge PACE of West Baltimore Enrollment Process**

### **Purpose:**

To ensure that the Edenbridge PACE of West Baltimore enrolls only participants who have been provided and understand the full array of information necessary to make an informed decision regarding enrollment into PACE.

### **Policy:**

Edenbridge PACE of West Baltimore program's enrollment process provides eligible participants with the information needed to make an informed and timely decision.

Edenbridge PACE of West Baltimore program only enrolls participants whom the state administering agency has authorized as meeting the level of care required under the state Medicaid plan for coverage of nursing facility services and who meets all of the state's requirements for enrolling participants.

### **I. Eligibility:**

To be eligible to enroll in PACE, an individual must meet the following requirements:

- (1) Be 55 years of age or older.
- (2) Be determined by the State administering agency to need the level of care required under the State Medicaid plan for coverage of nursing facility services, which indicates that the individual's health status is comparable to the health status of individuals who have participated in the PACE demonstration waiver programs.
- (3) Reside in the service area of the PACE organization.
- (4) Meet any additional program specific eligibility conditions imposed under the PACE program agreement. These additional conditions may not modify the requirements of the above mentioned requirements in (1)-(3)

Participants must also meet the Maryland SAA criteria (below):

- (1) Be able to live in a community setting without jeopardizing his or her health or safety at the time of enrollment.
- (2) Per 460.150(c)(2) the Maryland SAA enacted the criteria below (3) also noted in Appendix Q of the Program Agreement use to determine if an individual's health or safety would be jeopardized by living in a community
- (3) The applicant's (or others') health or safety would be jeopardized if they remained in the community if any of the following situation were present:
  - a. Needs 24 hours care and has no caregiver
  - b. Life-threatening non-compliance
  - c. Needs immediate nursing home placement
  - d. Requires more than three-person transfer

- e. Demonstrates violent behavior which presents a hazard to staff and other participants; or
- f. Has a history of psychiatric illness which failed community-based care

## **II. State Administering Agency Enrollment Criteria**

- (1) The State's contractual Utilization Control Agent (UCA) determines if the applicant requires medical/nursing facility level of care eligibility for at least the next four months. The State then determines financial eligibility and finalizes enrollment. To participate in PACE, the enrollee must be financially eligible for Medicaid in accordance with state guidelines or be Medicare eligible. Medicare eligible PACE participants will be required to pay the non-Medicare cost privately.
- (2) If eligibility is approved, the applicant is advised that they must sign the PACE enrollment agreement within 10 days to finalize enrollment.
- (3) Enrollment continues until the PACE Organization notifies the Department of a change in enrollment status, or DHS determines that the participant no longer meets financial eligibility requirements.

## **III. Annual Recertification Requirement**

Before the end of the first year of PACE eligibility, the PO requests that the UCA conduct a redetermination of the level of care. If an individual continues to meet the level of care requirements or deeming criteria, no further medical re-determinations are required. If the UCA determines that a PACE participant no longer meets the Medicaid nursing facility level of care requirements, the participant may be deemed to continue to be eligible for the PACE program if, in the absence of continued coverage under this program, the participant reasonably would be expected to meet the nursing facility level of care requirement within the next six months. The Department has determined that a participant meeting any of the following criteria is deemed to continue to meet level of care requirements:

Severe cognitive impairment (with a mini-mental state examination score of nine or less).

- (1) Participants who require oversight or intervention from a health professional, on a weekly basis at minimum, comply with the medical regimen for a complex medical condition(s) and to remain medically stable.
- (2) History of two or more hospitalizations and/or trips to the emergency room during the six months prior to PACE participation, and/or emergency room use through intensive medical management. This only applies to conditions that had originally caused the hospitalizations and are still active diagnoses.
- (3) Psychiatric diagnoses and behaviors requiring ongoing and frequent intervention by PACE Organization health professionals. In the absence of support and services, the participant would not likely be able to comply with a medical regimen for chronic disease.

Eligibility to enroll in a PACE program is not restricted to an individual who is either a Medicare beneficiary or Medicaid beneficiary. A potential PACE enrollee may be, but is not required to be, any or all of the following:

- (1) Entitled to Medicare Part A.
- (2) Enrolled under Medicare Part B.
- (3) Eligible for Medicaid.

#### **IV. Enrollment Process**

Intake is an intensive process during which PACE staff members make one or more visits to a potential participant's place of residence and the potential participant makes one or more visits to the PACE center. At a minimum, the intake process must include the following activities:

Edenbridge PACE of West Baltimore program staff must explain the following information in order for the potential participant or his/her representative/caregiver to make an informed decision:

1. The Edenbridge PACE of West Baltimore program, using a copy of the enrollment agreement described in PACE program Regulation 460.154. Specific reference and attention will be brought to:
  - a. Conditions for enrollment and disenrollment in PACE.
  - b. Notification that enrollment in PACE 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 as a PACE participant is considered a voluntary disenrollment from PACE. If a Medicaid-only or private pay participant becomes eligible for Medicare after enrollment in PACE, the participant will be disenrolled from PACE if he or she elects to obtain Medicare coverage other than from the participant's PACE organization.
  - c. Information on the consequences of subsequent enrollment in other optional Medicare or Medicaid programs following disenrollment from PACE.
  - d. Description of PACE services available, including all Medicare and Medicaid covered services, and how services are obtained from the PACE organization.
  - e. Description of the procedures for obtaining emergency and urgently needed out-of-network services.
  - f. The participant bill of rights.
  - g. The applicant's authorization for disclosure and exchange of personal information between CMS, its agents, the State administering agency, and the PACE organization.
2. The requirement that Edenbridge PACE of West Baltimore program would be the participant's sole service provider and clarification that Edenbridge PACE of West Baltimore program guarantees access to services, but not to a specific provider.
3. A list of employees of Edenbridge PACE of West Baltimore program who furnish care and the most current list of contracted health care providers.
4. Monthly premiums, if any.
5. Any Medicaid spend-down obligations.

6. Post-eligibility treatment of income.
7. The potential participant must sign a release to allow the Edenbridge PACE of West Baltimore to obtain his or her medical and financial information and eligibility status for Medicare and Medicaid.
8. The State administering agency must assess the potential participant, including any individual who is not eligible for Medicaid, to ensure that he or she needs the level of care required under the State Medicaid plan for coverage of nursing facility services, which indicates that the individual's health status is comparable to the health status of individuals who have participated in the PACE demonstration waiver programs.
9. Edenbridge PACE of West Baltimore staff must assess the potential participant to ensure that he or she can be cared for appropriately in a community setting and that he or she meets all requirements for PACE eligibility specified in this part.

## **V. Enrollment Denial**

If a prospective participant is denied enrollment because his or her health or safety would be jeopardized by living in a community setting, the PACE organization must meet the following requirements:

- (1) Notify the individual in writing of the reason for the denial.
- (2) Refer the individual to alternative services, as appropriate.
- (3) Maintain supporting documentation of the reason for the denial.
- (4) Notify CMS and the State administering agency in the form and manner specified by CMS and make the documentation available for review.

## **VI. Enrollment Agreement**

If the potential participant meets the eligibility requirements and wants to enroll, he or she must sign an enrollment agreement which contains, at a minimum, the following information:

- (a) Applicant's name, sex, and date of birth.
- (b) Medicare beneficiary status (Part A, Part B, or both) and number, if applicable.
- (c) Medicaid beneficiary status and number, if applicable.
- (d) Other health insurance information, if applicable.
- (e) Conditions for enrollment and disenrollment in PACE.
- (f) Description of participant premiums, if any, and procedures for payment of premiums.
- (g) Notification that a Medicaid participant and a participant who is eligible for both Medicare and Medicaid are not liable for any premiums but may be liable for any applicable spenddown liability and any amounts due under the post-eligibility treatment of income process.
- (h) Notification that a Medicare participant may not enroll or disenroll at a Social Security office.
- (i) Notification that enrollment in PACE 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 as a PACE participant is considered a voluntary disenrollment from PACE. If a Medicaid only or private pay participant becomes eligible for Medicare after enrollment in PACE, the participant will be disenrolled from PACE if he or she elects to obtain Medicare coverage other than from the participant's PACE organization.

- (j) Information on the consequences of subsequent enrollment in other optional Medicare or Medicaid programs following disenrollment from PACE.
- (k) Description of PACE services available, including all Medicare and Medicaid covered services, and how services are obtained from the PACE organization.
- (l) Description of the procedures for obtaining emergency and urgently needed out-of network services.
- (m) The participant bill of rights.
- (n) Information on the process for grievances and appeals and Medicare/Medicaid phone numbers for use in appeals.
- (o) Notification of a participant's obligation to inform the PACE organization of a move or lengthy absence from the organization's service area.
- (p) An acknowledgment by the applicant or representative that he or she understands the requirement that the PACE organization must be the applicant's sole service provider.
- (q) A statement that the PACE organization has an agreement with CMS and the State administering agency that is subject to renewal on a periodic basis and, if the agreement is not renewed, the program will be terminated.
- (r) The applicant's authorization for disclosure and exchange of personal information between CMS, its agents, the State administering agency, and the PACE organization.
- (s) The effective date of enrollment.
- (t) The signature of the applicant or his or her designated representative and the date.

#### **V. Post Enrollment Activities**

After the participant signs the enrollment agreement, the PACE organization must give the participant the following:

- (1) A copy of the enrollment agreement.
- (2) A PACE membership card that indicates that he or she is a PACE participant and that includes the phone number of the PACE organization.
- (3) Emergency information to be posted in his or her home identifying the individual as a PACE participant and explaining how to access emergency services.

The PACE organization must submit participant information to CMS and the State administering agency, in accordance with established procedures.

If there are changes in the enrollment agreement information at any time during the participant's enrollment, the PACE organization must meet the following requirements:

- (1) Give an updated copy of the information to the participant.

- (2) Explain the changes to the participant and his or her representative or caregiver in a manner they understand.

#### **VI. Enrollment Start Date**

A participant's enrollment in the program is effective on the first day of the calendar month following the date the PACE organization receives the signed enrollment agreement.

#### **VII. Continuation of Enrollment**

Enrollment continues until the participant's death, regardless of changes in health status unless:

1. The participant voluntarily disenrolls
2. The participant is involuntarily disenrolled through the appropriate process described in §42 CFR 460.164

#### **Annual Recertification Requirement**

Before the end of the first year of PACE eligibility, the PO requests that the UCA conduct a redetermination of the level of care. If an individual continues to meet the level of care requirements or deeming criteria, no further medical re-determinations are required. If the UCA determines that a PACE participant no longer meets the Medicaid nursing facility level of care requirements, the participant may be deemed to continue to be eligible for the PACE program if, in the absence of continued coverage under this program, the participant reasonably would be expected to meet the nursing facility level of care requirement within the next six months. The Department has determined that a participant meeting any of the following criteria is deemed to continue to meet level of care requirements:

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4. History of two or more hospitalizations and/or trips to the emergency room during the six months prior to PACE participation, and/or emergency room use through intensive medical management. This only applies to conditions that had originally caused the hospitalizations and are still active diagnoses.
5. Psychiatric diagnoses and behaviors requiring ongoing and frequent intervention by PACE Organization health professionals. In the absence of support and services, the participant would not likely be able to comply with a medical regimen for chronic disease.

#### **VIII. Disenrollment Notification DHS**

Enrollment continues until the PACE organization notifies the Department of a change in enrollment status, or DHS determines that the participant no longer meets financial eligibility

requirements. If the participant's enrollment status changes (e.g., disenrolled or capitation category changed), the PO submits the update to the Beneficiary Enrollment Unit via the Enrollment Agreement.