



Policy: PACE Enrollment		Policy No. ENR 01
Section: Enrollment and Disenrollment		
Date Adopted: September 30, 2022	Date Revised:	
<input checked="" type="checkbox"/> Horizon PACE	<input type="checkbox"/> Horizon Adult Health Care	

POLICY:

Horizon-PACE will comply with the Centers for Medicare and Medicaid Services (CMS) enrollment regulations and the State Administering Agency (SAA) regulations for the enrollment of participants in the Horizon-PACE.

PROCEDURE:

The Horizon-PACE must complete the following steps to enroll a participant:

1. All individuals inquiring about, or referring to, Horizon-PACE for possible enrollment will be screened over the phone or in person for eligibility.
2. The Intake Coordinator will explain the PACE model of care and the enrollment criteria to the interested individual and/or designated representative.
3. To enroll in any PACE program the applicant must:
 - a. Be 55 years of age or older
 - b. Be determined by the State Administering Agency (SAA) to meet the Nursing Facility Level of Care (NFLOC) required under the Kentucky’s Medicaid plan
 - c. Reside in the service area of Horizon-PACE
 - d. Be able to live safely in the community without jeopardizing his or her health or safety.
4. If the individual is interested, a home visit will be scheduled for further assessment. Every effort is to be made to schedule the visit within 48 hours.
5. During the initial screening process and the home visit the Intake Coordinator, using a copy of the enrollment agreement will explain the PACE program to include at minimum:
 - a. Confirm residence in the service area by conducting a home visit.
 - b. Verify applicant is age 55 or older by checking an ID.
 - c. Conditions for enrollment and disenrollment in PACE.
 - d. Describe Horizon-PACE’s program.
 - e. Explain the PACE requirement that Horizon-PACE would be the sole service provider and clarification that the PACE program guarantees access to services, but not to a specific provider.
 - f. Explain that enrollment in Horizon-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.
- g. Explain that 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.
 - h. Information on the consequences of subsequent enrollment in other optional Medicare or Medicaid programs following disenrollment from PACE.
 - i. Provide a list of employees of Horizon-PACE who furnish care and the most current list of contracted health care providers.
 - j. Clarify that entitlement to Medicare Part A, enrollment in Medicare Part B, and eligibility for Medicaid are not stipulations of enrollment into Horizon-PACE. If the applicant is not eligible for Medicare and/or Medicaid they may elect to pay privately.
 - k. Explain the potential for monthly premiums, if any.
 - l. Share any Medicaid spend down obligations.
 - m. Review post-eligibility treatment of income.
 - n. Review the Notice of Privacy Practices and HIPAA information form
 - o. Review the requirements that all services must be authorized by Horizon-PACE except for emergency services.
 - p. Description of PACE services available, including all Medicare and Medicaid covered services, and how services are obtained from Horizon PACE.
 - q. Explain the procedures for obtaining emergency services, urgently needed services and out-of-network services.
 - r. Explain the grievance and appeals processes.
 - s. Explain the Participant's Bill of Rights.
 - t. Explain that the PACE organization will need to obtain the applicant's authorization for disclosure and exchange of personal information between CMS, its agents, the State Administering Agency (SAA), and Horizon-PACE.
6. Based on the information presented, if the individual is still interested in enrollment, the Intake Coordinator will explain to the applicant that Horizon-PACE will need permission to obtain necessary medical and financial information to help with the assessment process and will provide a Release of Information form. Horizon-PACE will obtain the necessary medical and financial information after the individual has given their written permission to do so.
 7. After completion of the home visit the Intake Coordinator will schedule an in-home assessment by the Home Care Coordinator.
 8. Following the in-home assessment, a Center visit will be scheduled. If transportation to the Center is needed, the Intake Coordinator will complete a transportation request and submit it to the transportation department prior to the visit day.



9. The Intake Coordinator will present the applicant's information to the Interdisciplinary Team (IDT) at the team meeting the day of his/her visit to the center.
10. The following disciplines will complete an initial assessment of the applicant: Primary Care Provider, Clinic Registered Nurse, Dietitian, Recreation Coordinator, Physical Therapist, Occupational Therapist, Social Worker, and Home Care Coordinator.
11. When all assessments have been completed, the IDT will report on the visit day and home visit and advise the Intake Coordinator of any concerns or barriers to enrollment.
12. In the event the IDT identifies concerns or barriers to enrollment, they may request additional visit days for further assessment of the applicant or initiate the process for denial of enrollment. See Denial of Enrollment policy.
13. If there are no barriers to enrollment a plan of care meeting date will be set to initiate development of the applicant's plan of care.
14. The Intake Coordinator will finalize verification of the enrollment criteria by:
 - a. Receiving an approval from the IDT that the applicant is safe to live in the community with PACE services.
 - b. Receiving notification from the IDT that the State Administering Agency (SAA) has determined the applicant meets the state's criteria for Nursing Facility Level of Care (NF LOC) clinical eligibility.
 - c. Verifying with the applicant that they would like to pursue the program and will notify the team members of the applicant's response.

Determination of Nursing Facility Level of Care

1. To determine NF LOC, Horizon-PACE will complete a pre-admission screening using the state's approved assessment tool for NF LOC determinations.
 - a. A pre-admission screen will be waived if one has been done within 30 days of the enrollee's application or referral to PACE [check with your state regarding timelines].
2. State Administering Agency (SAA) will notify the PACE Organization of the LOC authorization, or denial of LOC authorization.
3. If the NF LOC is not authorized by the State Administering Agency (SAA), SAA will send a letter of ineligibility and notification of appeal rights.

Enrollment into the Horizon-PACE

1. If all approvals have been received and the eligibility requirements verified, then the applicant will be able to join Horizon-PACE.
2. The Social Worker will set up an enrollment conference with the applicant and designated representative (if applicable) to review the plan of care and have the applicant sign the Enrollment Agreement (approved by CMS and the State Administering Agency (SAA)).



3. Once the applicant and/or his or her designated representative have agreed [with the plan of care / to enroll] and the Enrollment Agreement is signed, the new enrollee and designated representative will receive:
 - a. A copy of the Enrollment Agreement
 - b. A copy of the Plan of Care
 - c. A Horizon-PACE membership card which indicates he/she is a PACE participant and includes Horizon-PACE's phone number.
 - d. Emergency Information to be posted in the participant's home identifying the individual as a PACE participant and explaining how to access emergency services.
 - e. The Provider Directory, which includes the most current list of Horizon-PACE's contracted providers.
4. The Social Worker will inform the IDT of the enrollment. The enrollment paperwork will be given to medical records. Enrollments will always begin on the first of the month following the signing of the Enrollment Agreement.
5. Horizon-PACE will submit applicant information to CMS and to the State Administering Agency (SAA) in accordance with established procedures.
6. In the event there are changes in the Enrollment Agreement information at any time during the participant's enrollment, Horizon-PACE will meet the following requirements.
 - a. Give an updated copy of the Enrollment Agreement to the participant
 - b. Explain the changes to the participant and his or her designated representative in a manner they can understand.
 - c. Require the signature of the participant to demonstrate they have received the information.
7. Enrollment in Horizon-PACE will continue until the death of the participant regardless of changes in health status unless the participant voluntarily disenrolls or the participant is involuntarily disenrolled.

Attachments:

None