



PURPOSE/OBJECTIVE

PACE Your LIFE will comply with all Centers for Medicare and Medicaid Services (CMS) and the Delaware Division of Medicaid and Medical Assistance (DMMA) regulations for the enrollment of participants in PACE Your LIFE.

PACE Your LIFE participants must be:

- a. 55 years of age or older
- b. Living in the PACE Your LIFE service area
- c. Eligible for nursing home level of care as determined by SAA and specified in the PACE Program Agreement
- d. Able to live safely in the community at the time of enrollment
- e. Eligible for Medicaid, Medicare (if eligible), or be able to pay privately

PROCEDURE

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

1. All individuals inquiring about or referred to PACE Your LIFE for possible enrollment will be screened over the phone or in-person for eligibility.
2. The Intake Coordinator or designee will explain PACE Your LIFE to the interested individual and/or caregiver, and if the individual is interested, will schedule an intake visit for further assessment.
3. The Intake Coordinator or designee will prepare a potential participant file. This file will include the following:
 - a. Completed Intake Form
 - b. Completed and signed Release of Medical Records Form and Consents
 - c. Any other State-required paperwork and forms
4. During the initial screening process, the Intake Coordinator or designee will provide the following information about PACE Your LIFE, including:
 - a. A home visit by PACE staff
 - b. A check of the applicant's identification to verify if he/she is age 55 or older

- c. A description of PACE Your LIFE, using a copy of the Enrollment Agreement approved by CMS and the Delaware Division of Medical Assistance
 - d. PACE Your LIFE's requirement that PACE would be the participant's sole service provider and clarification that the PACE Program guarantees access to services, but not to a specific provider
 - e. Notification that enrollment into PACE Your LIFE results in disenrollment from any other Medicare or Medicaid prepayment plan or optional benefit
 - f. A list of primary care providers of the PACE Your LIFE Organization who furnish care and the most current list of contracted healthcare providers
 - g. The potential for monthly premiums, if any
 - h. Any Medicaid spend-down obligations
 - i. Post-eligibility treatment of income
 - j. Review of the Notice of Privacy Practices and the HIPAA information form
 - k. Review of the requirements that all services must be authorized by PACE Your LIFE, except in the case of an emergency
 - l. Identification of services that are provided by the PACE Your LIFE Organization and services that are excluded
 - m. Explanation of how to access emergency services, urgently needed services, and out-of-network services
 - n. Explanation of the grievance and appeals processes
 - o. The explanation that the PACE Your LIFE Organization will need to have the applicant's authorization for disclosure and exchange of personal information between CMS, its agents, the Delaware Division of Medicaid and Medical Assistance, and PACE Your LIFE
5. Based on the information presented, if the individual is still interested in enrollment, the Intake Coordinator or designee will obtain a signed Consent for Assessment and a Release of Information Form for PACE Your LIFE to acquire the necessary medical and financial information.
6. After completion of the intake visit, the Intake Coordinator or designee will schedule a visit day to the PACE Your LIFE Center with the participant and/or caregiver to:
- a. Meet with the primary care provider, social worker, and support staff
 - b. Allow members of the PACE Your LIFE Interdisciplinary Team (IDT) to evaluate the potential participant to ensure that PACE Your LIFE can meet his or her needs, i.e., ensure that the potential participant can be cared for in the community and that they meet all of the PACE eligibility requirements

- c. Conduct the Pre-Admission Evaluation (PAE), which includes criteria on an individual's health and safety in the community (criteria for jeopardizing safety in the community is in the Program Agreement)
7. The Enrollment Assessment Team will complete an initial assessment of the participant at the PACE Your LIFE Center and/or in the home. The Team is comprised of the following disciplines:
 - a. Primary Care Provider
 - b. Social Worker
 - c. Home Care Coordinator or Occupational Therapist
8. When all assessments have been completed, the Enrollment Assessment Team will report on the visit day and home visit and advise the Intake Coordinator of any concerns or barriers to enrollment.
9. In the event the Enrollment Assessment Team identifies concerns or barriers to enrollment, they may request additional visit days for further assessment of the applicant.
10. The Intake Coordinator or designee will verify the potential participant's eligibility for Medicare and Medicaid.
 - a. The Intake Coordinator will instruct the potential participant regarding the application process for Medicare and/or Medicaid and assist in the process, as needed
 - b. The Intake Coordinator will discuss with the potential participant private-pay options for PACE participants if ineligible for Medicaid.
11. If there are no barriers to enrollment, an initial Care Plan for the participant will be developed.
12. The Intake Coordinator will finalize verification of the enrollment criteria by:
 - a. Receiving approval from the Enrollment Assessment Team that the participant is safe to live in the community
 - b. Giving notification to the IDT that the Delaware Division of Medicaid and Medical Assistance has determined the applicant meets the authorized Nursing Facility Level of Care (NF LOC) clinical eligibility criteria
 - c. Verifying with the potential participant 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 (NF LOC)

1. To determine NF LOC, PACE Your LIFE will complete a pre-admission screening using the State's approved assessment tool for NF LOC determination.
2. PACE Your LIFE will submit the completed NF LOC for a review by the Delaware Division of Medicaid and Medical Assistance (DMMA).
3. DMMA will conduct a review of the assessment for NF LOC.
4. DMMA will notify the PACE Your LIFE Organization of the authorization, or denial of authorization.
5. PACE Your LIFE may enroll the applicant if the applicant meets NF LOC and all other criteria as established under CMS regulations.
 - a. PACE Your LIFE will submit all documentation required to DMMA once the applicant has signed the Enrollment Agreement, with the date when enrollment is to begin
 - b. Enrollments will always begin on the first of the month following signing of the Enrollment Agreement
6. Upon receipt of the required documentation verifying enrollment in PACE Your LIFE, DMMA will enter the participant in the Medicaid payment system.
7. If the NF LOC is not authorized by the DMMA, the DMMA will send a letter of ineligibility and notification of appeal rights to the applicant.

Enrollment into PACE Your LIFE:

1. If all approvals have been received and the eligibility requirements verified, then the potential participant will be able to join PACE Your LIFE.
2. The Intake Coordinator or designee will set up an Enrollment Conference with the potential participant and the caregiver to review the Care Plan and have the applicant sign the Enrollment Agreement.
3. Enrollment is effective on the first day of the calendar month following the date PACE Your LIFE receives the signed Enrollment Agreement.

4. At the Enrollment Conference, the potential participant and the caregiver will be given a copy of the Enrollment Agreement. The Intake Coordinator will go over the Enrollment Agreement and the Care Plan and answer any questions that the participant may have.
5. The SAA's criteria used to determine if an individual's health or safety would be jeopardized by living in a community setting will be specified in the Program Agreement.
6. Once the applicant and/or his or her caregiver have agreed with the Care Plan, the Enrollment Agreement is signed and the new enrollee and caregiver will receive the following:
 - a. A copy of the Enrollment Agreement
 - b. A copy of the Care Plan
 - c. A PACE Your LIFE membership card, indicating that he or she is a PACE participant, and that includes the PACE phone number
 - d. A sticker, placed on the participant's Medicare and/or Medicaid card(s), that shows the participant is enrolled with PACE Your LIFE
 - e. A flyer, placed near the participant's telephone and/or other place in the home, that has on it the PACE Your LIFE contact information, emergency contact information, and how to access emergency care
 - f. The Provider Directory, which includes the most current list of PACE Your LIFE contracted providers.
7. The Intake Coordinator or designee will inform the IDT of the enrollment. The enrollment paperwork will be scanned into the Medical Record.
8. PACE Your LIFE will submit participant information to CMS and the Delaware Division of Medical Assistance in accordance with established procedures.
9. In the event there are changes in the Enrollment Agreement information at any time during the participant's enrollment, PACE Your LIFE will meet the following requirements:
 - a. Give an updated copy of the information from the Enrollment Agreement to the participant
 - b. Explain the changes to the participant and his or her representative or caregiver in a manner they can understand
 - c. Obtain the signature of the participant to demonstrate they have received the information

Denial of Enrollment

1. If a participant is denied enrollment based on his or her safety being jeopardized by living in the community, the following must occur:
 - a. Notify the individual in writing of the reason for the denial
 - b. Refer the individual to alternative services, as appropriate
 - c. Document and maintain the reason for denial in the file
 - d. Notify CMS and the State Administering Agency in the form and manner specified by CMS and make the documentation available for review

Continuation of Enrollment

1. Enrollment in PACE Your LIFE will continue until the death of the participant regardless of changes in health status, unless:
 - a. The participant voluntarily disenrolls
 - b. The participant is involuntarily disenrolled
2. Annual recertification requirements:
 - a. Annually, the SAA must re-evaluate the participant's level of care (must be Nursing Facility Level of Care)
 - b. Waiver of annual requirements:
 - i. SAA may permanently waive the annual recertification requirement
 - Documentation must be made and maintained in the Medical Record for the reason for waiving the annual recertification requirement
 - ii. SAA deems the participant no longer meets the Nursing Facility Level of Care requirement, but may remain in the program with the assumption of meeting the requirement in six (6) months
 - iii. SAA deems the participant continues to meet the Nursing Facility Level of Care requirement, but needs to have the annual recertification:
 - Documentation in the Medical Record
 - Documentation in the Care Plan
 - c. Criteria to make the determination of eligibility are located in the Program Agreement.