



Complete Senior Care **Enrollment Agreement**

I have received the Enrollment Handbook and a copy of the Provider Network and have had the opportunity to ask questions.

Name: _____
 (First) (Middle) (Last)

Address: _____
 Street City State Zip

Date of birth: _____ Social Security #: _____

Telephone Number: _____ Gender: Female Male

Medicaid Number: _____ County: _____

Medicare Number: _____ Part A & B Part A Part B

Current Source of Medicare Part D Prescription Drug Coverage:

Other Insurance Information: _____
 Insurance Company's Name Part D Member #

Other Insurance Information: _____
 Insurance Company's Name Policy #

Responsible Party: [The person, such as an attorney-in-fact under a power of attorney, legal guardian, conservator, joint tenant or representative payee, who has legal access to an authority to handle the Participant's assets, income and financial information and who agrees to assist the Participant in meeting his/her financial obligations under this Agreement.]:

Name: _____
 (First) (Middle) (Last)

Address: _____
 Street City State Zip

Relationship to Participant: _____ Telephone Number: _____



Primary Caregiver:

Name: _____
(First) (Middle) (Last)

Address: _____
Street City State Zip

Relationship to Participant: _____ Telephone Number: (H) _____

Other Phone Numbers: (W) _____ Cell: _____

- By signing this Enrollment Agreement, I am confirming that I have received, read and understand this Enrollment Agreement with **Complete Senior Care** contained in the following pages. The services covered and my Rights and Responsibilities, as described in the Enrollment Agreement and this Enrollment Agreement Acknowledgement, have been explained to me. I have been given the opportunity to ask questions. All my questions have been answered to my satisfaction. I agree to participate in **Complete Senior Care** according to the terms and conditions in the Enrollment Agreement. As a participant, I agree to receive all health services and health related services from **Complete Senior Care**. I acknowledge that **Complete Senior Care** is my sole provider of services as of the date of enrollment.

Payment

- I agree to promptly pay, and the Responsible Party agrees to use my income and assets to promptly pay, my monthly amount due to **Complete Senior Care**, Inc. as outlined below. If receiving Medicaid and a share of cost is determined, I agree to pay my share of the cost to **Complete Senior Care**.
- Please be aware, if you are eligible for Medicare prescription drug coverage and are enrolling in **Complete Senior Care** after going without Medicare prescription drug coverage or coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, you may have to pay a higher monthly amount for Medicare prescription drug coverage. You can contact **Complete Senior Care** for more information about whether this applies to you.

MEDICARE AND MEDICAID OR MEDICAID ONLY

You are Medicare and/or Medicaid eligible and may be required to pay a monthly amount to **Complete Senior Care**. You will not be required to pay a Part D premium while enrolled in **Complete Senior Care**.

Your estimated cost share is \$_____.

Complete Senior Care provides an estimate of the cost share until the final amount is determined by the Niagara County Department of Social Services.



MEDICARE ONLY

You have Medicare and are not eligible for Medicaid. You are responsible for an additional monthly premium for prescription drug coverage.

Your monthly payment is \$_____.

Your monthly prescription premium is \$_____.

Your total monthly cost is \$_____.

PRIVATE PAY

You are not eligible for Medicare or Medicaid, you are private pay. You are responsible for an additional monthly premium for prescription drug coverage.

Your monthly payment is \$_____.

Part A premium \$_____.

Part B premium \$_____.

Your monthly prescription premium is \$_____.

Your total monthly cost is \$_____.

Participant’s Authorization to Release Information and Payment Request

- I authorize Complete Senior Care to release and receive any medical and/or financial information regarding this admission for use in providing services and in determining and receiving payment. I request that payment be made on my behalf to Complete Senior Care.
- I am responsible for informing the billing department when there is any change in their insurance coverage or carrier.

Complete Senior Care Representatives - Access to and Release of Information:

- I will allow **Complete Senior Care** to act as my representative for purposes of determining my eligibility for Medicaid and Medicare.
- I authorize the Centers for Medicare and Medicaid Services (CMS), the Social Security Administration, the New York State Department of Health and the Niagara County Department of Social Services to provide **Complete Senior Care** with access to copies of information about my Medicaid eligibility status; and my files including Medicaid applications, re-certification information, notices and requests for information, and required documentation.
- My Responsible Party and I also agree to provide **Complete Senior Care** with a copy of all notices about my Medicare or Medicaid eligibility within three days of receipt of such notice.



- My Responsible Party and I agree to provide complete and accurate financial information to **Complete Senior Care** in a timely fashion.
- I authorize **Complete Senior Care** to release medical and financial information about me that is necessary for **Complete Senior Care** to obtain payment for the services provided to me and to disclose and exchange personal information between CMS, its agents, and the New York State Department of Health.
- I agree to the current Care Plan** as outlined and explained to me. I understand that I will be advised in advance of any change in this Care Plan before the change is made.
- Advance Directives/Health Care Wishes:** I have been informed of my right to appoint a health care agent and to document any advance directives regarding my health care. I understand that **Complete Senior Care** staff will assist me in this area if I need help. I will provide **Complete Senior Care** with copies of any advance directives and all documents authorizing an agent to act on my behalf including powers of attorney, guardianship orders and health care proxies.
- Participant Self-Determination Act Information Acknowledgement**
I have received copies of the New York State Department of Health pamphlets – Planning in Advance for your Medical Treatment and Appointment Your Health Care Agent – New York State’s Proxy Law. I understand that additional information is available if I need it, and acknowledge that I was asked whether or not I have advance directives.

I currently have the following in place:

- | | | |
|--------------------|------------------------------|-----------------------------|
| Health Care Proxy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Living Will | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do Not Resuscitate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power of Attorney | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Guardianship | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Bill of Rights** My signature below indicates that I have received the **Complete Senior Care** Participant Rights and have had a chance to review it and ask any questions I might have about it.

Important Notice: The benefits under this contract are made possible through a special agreement that **Complete Senior Care** has with Medicare (Centers for Medicare and Medicaid Services, CMS), and Medicaid (the New York State Department of Health). When you sign this Agreement, you are agreeing to accept benefits exclusively from **Complete Senior Care** in place of the usual Medicare and Medicaid benefits. By signing this agreement, you acknowledge that **Complete Senior Care** is your sole service provider as of the enrollment (capitation) date.



I understand that my PACE enrollment date is: _____.

I understand that my insurance coverage switches to PACE/Complete Senior Care on the following date: _____.

Medicaid effective date (if applicable): _____.

_____ Participant Name	_____ Participant Signature	_____ Date
_____ Print Family Member, POA Or Legal Guardian Name (if Applicable)	_____ Signature of Family Member, POA or Legal Guardian	_____ Date
_____ Print Responsible Party's Name (if different from above)	_____ Signature of Responsible Party (if different from above)	_____ Date
_____ Print Witness or Staff Member's Name	_____ Signature of witness or Staff Member's Name	_____ Date



Complete Senior Care Individual Consent upon Enrollment

Consent to Use and Disclosure of Individually Identifiable Health Information for Treatment,
Payment and/or Health Care Operations

- I understand that as a part of my health care, **Complete Senior Care** receives, originates, maintains, discloses, and uses individually identifiable health information, including, but not limited to, health records and other health information describing my health history, symptoms, examination and test results, diagnoses, treatment, treatment plans and billing and health insurance information. I understand that **Complete Senior Care** and its physicians, other health care professionals, and staff may use this information to perform the following tasks:
 - Diagnose my medical/psychiatric/psychological condition.
 - Plan my care and treatment.
 - Communicate with other health professionals concerning my care.
 - Disclose and exchange personal information between CMS, its agents, and the New York Department of Health.
 - Document services for payment/reimbursement.
 - Conduct routine health care operations, such as quality assurance and peer review.

- I have been provided the **Complete Senior Care** Notice of Privacy Practices that fully explains the uses and disclosures that **Complete Senior Care** will make with respect to my individually identifiable health information.

- I understand that I do not have to consent to the use or disclosure of my individually identifiable health information for treatment, payment and health care operations, but that if I do not consent, **Complete Senior Care** will refuse to enroll me in the program.

- I also understand that I have the right to request restrictions on the use or disclosure of my individually identifiable health information to carry out treatment, payment or health care operations. Any restrictions are outlined on the Participant Authorized Communications form completed upon my enrollment into the program.

- Notice of Privacy Practices**

The **Complete Senior Care** Notice of Privacy Practices has been made available to me and I understand that it is also available by calling (716) 285-8248. I understand that this



notice describes how my medical information may be used and disclosed and how I can access this information.

_____ Participant Name	_____ Participant Signature	_____ Date
_____ Print Family Member, POA Or Legal Guardian Name (if Applicable)	_____ Signature of Family Member, POA or Legal Guardian	_____ Date
_____ Print Responsible Party's Name (if different from above)	_____ Signature of Responsible Party (if different from above)	_____ Date
_____ Print Witness or Staff Member's Name	_____ Signature of witness or Staff Member's Name	_____ Date



Complete Senior Care is committed to helping our participants continue to live independently in their homes and communities for as long as possible. Our goal is to promote choice in long-term health care. We achieve our goal by directly involving you in planning your care and by offering a wide range of flexible services and schedules to fit your everyday needs. This program provides innovative long-term care solutions that are beneficial and cost effective for each participant.

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INTRODUCTION: Welcome to Complete Senior Care

This Enrollment Agreement is a guide to **Complete Senior Care**, your comprehensive and all-inclusive health care and long-term care program. It describes the benefits of participation, eligibility, and our policies and procedures. It will help you understand what you need to do to obtain services and how best to work with your **Complete Senior Care** Interdisciplinary Team (IDT) to ensure that your needs are being met.

Please review this document carefully. If you would like more information on anything covered here or if you have any questions, please call your nurse, social worker, or any other member of the **Complete Senior Care** IDT.

We encourage you and your family to be involved in your health care. We want you to have an ongoing relationship with your IDT, which includes your primary care doctor, nurses, social workers, and others, who, working together with you and your family, will help you receive the home, community, and facility-based long-term care services you need.

Thank you for choosing **Complete Senior Care** for your health care. We welcome you and look forward to serving you.

Sincerely,

The Staff of Complete Senior Care



1. What Is Complete Senior Care?

Complete Senior Care is a “Program of All-Inclusive Care for the Elderly” (also known as a PACE program) that includes medical care, nursing, social services, rehabilitation therapies, prescription and over-the counter drugs, and other support services. The program was developed specifically for older adults who are eligible for nursing home care but wish to live at home for as long as possible. At **Complete Senior Care**, our staff works together as a team to provide a range of services to meet the needs of the whole person. The program includes care in your home and at the Complete Senior Care Day Center, physician visits, and all hospitalizations and nursing home stays. **Complete Senior Care** is designed to provide each participant with the very best possible care and to coordinate care among all providers.

We encourage our participants to take an active part in their own health care, and we offer comprehensive care that is easy to access in your home and community. Once you enroll in **Complete Senior Care**, all medically necessary services are provided and paid for by the program, regardless of how your needs may change. Working with you and your caregivers, the **Complete Senior Care** Interdisciplinary Team (IDT) will develop a Care Plan that outlines the services you will receive. Because they will get to know you and see you often, your IDT can provide care that is personalized and updated on a regular basis so that it is responsive to your changing needs. You will usually see your Team at the Day Center designed specifically for this program.

Your Complete Senior Care IDT: Once you choose to join **Complete Senior Care**, you will work closely with your IDT, a group of highly qualified health care professionals. The IDT includes many different types of professionals who work together to meet your needs. Your IDT includes a primary care doctor, registered nurse, social worker, physical therapist, occupational therapist, personal care workers, activity coordinator and others. The IDT is located at the Day Center, where you will receive primary medical care, and where you will often see other staff on the IDT. Your IDT will also work closely with the staff that provide home care



services, as well as staff in hospitals and nursing homes, if you need care in one of these settings. They will also arrange for you to see specialists, if you need their services. Your IDT will be available to answer your questions and assist you at all times.

The Complete Senior Care Day Center: As a participant of **Complete Senior Care**, you will receive many of your services at one convenient location, the **Complete Senior Care** Day Center at 1302 Main Street, Niagara Falls. The Day Center is a bright and welcoming place with friendly staff. Your IDT is based at the Day Center, and will provide a range of health care and other services there. In most cases, you will see your physician and/or nurse at the Day Center; and if you need physical or occupational therapy, these services are also available onsite.

When you are at the Day Center, you can join in many kinds of activities, such as exercise groups, arts and crafts, discussion groups, and games of all sorts. You can also enjoy nutritious meals (and snacks). The Day Center's staff knows how to make you feel welcome. They will look after you and ensure that your personal needs are met. You will decide with your IDT how often you will visit the Day Center to receive services. Transportation will be provided to the Center and back to your home.

Complete Senior Care is a flexible program that also includes many community-based providers. Also, we have contracted with area hospitals, nursing homes, and a wide variety of specialists to ensure that all your needs will be met. Whenever you need the services of a specialist or a hospital or nursing home (for either rehabilitation or long-term care), your IDT will make the arrangements and will continue to ensure that you receive all the care you need. Your IDT will stay in touch with you and your family and will work with the staff at the facility to ensure your care and comfort.

You can reach **Complete Senior Care** anytime, 24 hours a day, 365 days a year. You can call (716) 285-8248 anytime for information and help.



2. Who Is Eligible To Enroll In Complete Senior Care?

Complete Senior Care is for individuals who need long-term care services and would like to receive these services at home and in the community for as long as possible. Your enrollment in **Complete Senior Care** is voluntary. You choose to enroll in the program, and you may choose to disenroll for any reason. We encourage you to take as much time as you need to make this decision.

At the time you choose to enroll in **Complete Senior Care**, you must meet all of the following criteria:

- You are 55 years or older.
- You live in Niagara County, the **Complete Senior Care** service area.
- You are eligible for nursing home care, but choose to remain at home with assistance at the time you enroll.
- You can live in a community setting without jeopardizing your health and safety.

The following conditions of enrollment must also be met:

- You require long-term care services from the **Complete Senior Care** program for more than 120 days. The **Complete Senior Care** team will meet with you to evaluate your needs.
- Your Complete Senior Care Enrollment Team determines that at the time you enroll, you can safely live in your home and your health care needs can be safely met through the services provided by **Complete Senior Care**.
- You are a recipient of Medicaid and/or Medicare, or you are willing to pay privately for your care in the program. You may inquire about the amounts during your home visit or visit to the **Complete Senior Care** Day Center.



- You are not currently enrolled in any Home and Community-Based Waiver Program or a facility. If you are, you must be discharged from that facility or program before you can be accepted for **Complete Senior Care**.
- You agree to use a **Complete Senior Care** primary care physician who is a member of your IDT. Your primary care physician in our program will then coordinate your physician care visits to other medical specialists and other medical services with other members of the IDT.
- You sign an *Authorization for Release of Medical Information* that allows your IDT to share your medical record with other members of the **Complete Senior Care** Provider Network. This will ensure that we can provide you with the best possible care.

You or a member of your family can call **Complete Senior Care** directly to request enrollment in the program. Sometimes, another health care provider (such as a nurse, social worker, or physician) may also refer an individual to **Complete Senior Care**. Once we know that you may be interested in the program, we will reach out to you to begin the enrollment process, which is described below. You are not able to enroll in **Complete Senior Care** at a local Social Security Administration office.

1. First, **Complete Senior Care** will contact you to talk about the program and to be sure that you are interested in the types of services we offer. This time, we will also check to be sure if you are enrolled in Medicaid and/or Medicare. Our team can help with any necessary paperwork should you be eligible and not already enrolled. If you are not eligible for both Medicare and Medicaid, a team member will talk with you or your caregiver about your willingness to pay privately to join the program.
2. If you are interested in hearing more about the program, a visit to the Day Center will be arranged for you. This visit will provide you with a good idea of how our



program works and if **Complete Senior Care** is the right program for you. You will meet with our staff and they will talk with you about your health, your care needs, your preferences, and your goals for care. During your visit, our nurse will discuss the program with you and your family to be sure you understand how **Complete Senior Care** works. The nurse will also ask you to sign the “Medical Release of Information” form so that **Complete Senior Care** can obtain information and input from your current doctor and other health providers. We want to know as much as possible about your health needs so we can provide the services that are best for you.

3. The next step is a “conflict free” health assessment which will be performed by a neutral third party called Maximus (New York Medicaid Choice) at a time convenient for you. The **Maximus nurse** will carry out an assessment of your health, social, and other day-to-day needs to determine whether you are eligible to enroll in our program. ** Please note this health assessment is performed by a **Complete Senior Care** nurse if you are not eligible for Medicaid.
4. Our staff will also start to assess your needs and begin to develop a Care Plan for you, based on the information you provide and their professional assessment. This Care Plan will provide you with a list of services you will receive once you are a participant of **Complete Senior Care**, including home care services and durable medical equipment required to keep you safe.

You and your family will have time to ask questions, participate in the Center activities, and gain an understanding of how the program works. At this meeting, you will also get a package of information about the program and a copy of our Enrollment Agreement. We encourage you to discuss this information and your participation in the program with family and caregivers, and we would be happy to meet with them.

5. If our Enrollment Team and Maximus both determine you are eligible for **Complete Senior Care**, then you have an important decision to make. (It may

take more than one visit to your home or more than one visit by you to the Day Center in order to make this decision). If you wish to enroll, you will be asked to sign the Enrollment Agreement. Before you make this decision, we will be sure you understand the following:

- Your preliminary Care Plan, which is based upon your assessment and outlines the services you will receive. ** A more comprehensive Care Plan will be finalized within 30-days of enrollment based on your IDT assessment.
 - Your tentative attendance schedule at the Day Center. All participants are encouraged to attend the Center on a regular basis to receive services.
 - Your monthly fees, if applicable, to **Complete Senior Care**, including but not limited to any Medicaid surplus that you owe as a condition of your Medicaid eligibility.
6. The Enrollment Agreement, along with other assessment information, is then sent to Maximus for a final decision. Once these steps are approved, you will receive a confirmation letter from DSS and become enrolled in **Complete Senior Care** – typically on the first day of the next month. We will confirm your actual enrollment date by telephone as soon as possible – usually a few days before your participation begins. Once you are a participant, your IDT will ensure that you get all the services that are outlined in your Care Plan.

Enrollment in **Complete Senior Care** is completely voluntary. If you decide that you are no longer interested in the program, you can request disenrollment from the program at any time. Complete Senior Care will then help you to reinstate in other Medicare or Medicaid programs.

3. How Does My Health Care Change When I Become A Participant Of Complete Senior Care?

Your decision to join **Complete Senior Care** is important because it affects how you receive many of the health care services you need on a regular basis. When you become a participant of **Complete Senior Care**, a member of the IDT, usually a nurse or social worker, will meet with you to be sure you understand how your insurance has changed and how to use your new benefits provided through the program. **Complete Senior Care** includes all the services you would receive through Medicaid and/or Medicare, but often provides care in a different way than you may be used to. As a participant, your IDT will work with you to help you receive all of the services that you need. Some changes are listed below for your information, and many of these topics are discussed in more detail later in this Enrollment Agreement.

1. You will receive a wide range of covered services from **Complete Senior Care**. These services are listed in Section 4, and they include all of the services you would have been eligible to receive through Medicare and/or Medicaid, plus additional services to help you. They are provided to you at the Day Center, in your home, and at other provider locations in the community. You will receive many services from your IDT, who are located at the Day Center, including primary medical care from your physician, nursing, rehabilitation therapies (physical therapy or occupational therapy), social work, and nutrition. For other services, the program works closely with providers in the local area to be sure you get the care you need.
2. Your IDT will be sure you get all the services that are outlined in your Care Plan. The services you get from **Complete Senior Care** are based on a Care Plan. This plan is updated periodically, based on your IDT's assessment of your health needs. You have an important part in this process. If you feel you need a service that is covered by **Complete Senior Care**, please talk with your IDT.
3. Your primary physician will be a key member of the IDT. Your primary physician will see you frequently to make sure that your chronic illnesses are being cared



for. The physician will also see you if you become sick; and in cooperation with other members of your IDT, the physician will write required medical orders for the services in your Care Plan. Your primary physician will also oversee referrals to other medical and health care providers, as well as other services such as home care and any admission to the hospital.

4. You will be encouraged to attend the **Complete Senior Care Day Center** on a regular basis. All program participants are encouraged to come to the Day Center on a regularly scheduled basis to participate in the program's activities. While at the Center, you will have regular contact with the members of your IDT, who will monitor your needs and provide services to you (our program's staff will also provide care to you at home, and will stay in touch by telephone). While at the Center, your primary physician will see you to monitor your medical care, and you will receive services such as rehabilitation therapy, nursing care, nutritional services, and other assistance. You can have meals, enjoy a variety of activities, and have companionship. If you come to see your physician, our staff will encourage you to stay for the day if you are well enough.

All of the staff on your IDT will work closely together at the Center to be sure that you receive the services you need. And if your needs change, the staff at the Center can work together to assess your changing needs and make sure that your care plan is modified as necessary. Your attendance at the PACE center helps us make sure that you remain as healthy and strong as possible. Your IDT will work with you to arrange a schedule for regularly attending the Center, based on your needs and preferences.

5. **Complete Senior Care** uses a network of community providers to deliver some of the services you receive in our program. Other health providers in your community provide some of the program's services. These include but are not limited to home care, hospital care, nursing home care, medications, and medical specialists. You will receive a directory that lists all of the providers that **Complete Senior Care** works with before you join the program. You must receive



all services covered by **Complete Senior Care** from the providers in our Provider Network. Our IDT will help link you to these services by making appointments for you, providing transportation, and talking with these providers to be sure you are always getting the care you need. (In an emergency, you are permitted to see a provider who is not in the **Complete Senior Care** Provider Network. See page 33 for more information on what to do in an emergency.)

6. You must fill your prescriptions at a pharmacy that is in the network. After you enroll in **Complete Senior Care**, your prescriptions will be filled by Community Medical Pharmacy, the pharmacy that provides medications for **Complete Senior Care** participants. **Complete Senior Care**, in most cases, delivers your medications to you at home or in the Day Center while you are attending. Your family also has the option of picking up medications at the pharmacy or Day Center if desired.
7. You will no longer use your Medicaid or Medicare card. Instead, you will use the **Complete Senior Care** card for most of your services.
8. If Niagara County DSS determines that you have a Medicaid surplus, you will be responsible for paying this amount to **Complete Senior Care**. You will get a bill from us each month for the amount you owe. Please talk with your IDT about this condition of your enrollment. In addition, if you do not have Medicare or Medicaid, then you will be required to pay privately for a portion of your monthly premium in order to enroll.

Please read this Agreement carefully for more information on these topics. It provides an overview of the program's policies and procedures, and is a part of your agreement to join the program. Members of your IDT are also available to answer any questions you have about **Complete Senior Care**. Please do not hesitate to call them.

4. What Are The Benefits And Services Covered By Complete Senior Care?

Complete Senior Care covers all services that are medically necessary. This means any health service that is needed to prevent, diagnose, correct, or cure (when possible) your health problems. Health problems may cause pain, illness, injury, or handicap. They can interfere with normal activities, and in some cases, could endanger one's life. At **Complete Senior Care**, we want to understand your health needs, so that we can provide specific services to help you.

Your IDT will provide or arrange for the services that you need, and will be sure that all the care you receive is carefully coordinated. You'll help develop your Care Plan, which includes the following:

- A list of the health problems and other issues that the program will help you with,
- The goals that are set up together, and
- The services you will receive from **Complete Senior Care** to help you reach your goals and remain as healthy as possible.

As your needs change, you and your IDT may decide to change your Care Plan. Your IDT will make sure that all of your medical conditions are being properly monitored, and they will oversee all of your services and work with the providers to make sure your Care Plan meets your individual needs. And if you need to receive care in a hospital or nursing home, your IDT will work with the staff of the facility to be sure that your needs are met. Finally, because your IDT knows you and checks your needs often, they can recognize a change in your health condition quickly – before it becomes a serious problem.

There is a wide range of services available to you in **Complete Senior Care**, including all of the services that you could receive from Medicare or Medicaid. In some cases, we provide services in a different way than traditional health insurance—but we will



always be sure that your Care Plan includes the services that you need. Here is a list of some the services that will be available to you as a participant in the **Complete Senior Care** program:

Day Center Services

- Team-based approach to Care Management
- Primary Care Medical Services (Physician and Nurse Practitioner services)
- Nursing services
- Social Work services
- Nutritional counseling
- Spiritual or pastoral counseling
- Preventive services (annual flu shots, screenings, and vaccinations as needed)
- Rehabilitation therapies (Physical, Occupational, and Speech Therapy)
- Foot care (podiatry)
- Eye care (optometry) and eyeglasses
- Personal care and supportive services
- Educational and recreational activities
- Meals
- Medical equipment and supplies
- Respiratory therapy and oxygen
- Round trip transportation to the **Complete Senior Care** Day Center

Outpatient Medical Services

- Medical specialty services
- Dental care
- Mental health services
- Alcohol and substance abuse services
- Eye care including eye exams, low-vision care, and glasses
- Foot care
- Hearing exams and hearing aids
- Prosthetics and orthotics
- Medications



- X-Rays, Lab services, and other diagnostic services
- Renal dialysis

Hospital Inpatient and Emergency Services

- Semi-private room and board*
- General medical and nursing services
- Private duty nursing, if needed
- Medical, surgical, intensive care, and coronary care unit services
- Laboratory tests, x-rays, and other diagnostic procedures
- Drugs and biologicals
- Blood and blood derivatives
- Medical supplies
- Surgical care, including the use of anesthesia
- Physical, speech, occupational and respiratory therapies
- Prosthetics and orthotics
- Medical social services and discharge planning
- Ambulance and emergency room services
- Psychiatric, alcohol, and substance abuse services
- Spiritual or pastoral counseling

* Please note that hospital services do not include a private room, private duty nursing, or non-medical items (including telephone, radio, or television rental) when they are provided primarily for your personal convenience). Private room or private duty nursing or non-medical items will be provided at no charge only when your condition requires it and are authorized by the IDT.

Nursing Home Care

- Semi-private room and board*
- Physician and nursing services
- Personal care and supportive services
- Drugs and biologicals
- Physical, speech, and occupational therapies
- Medical social services
- Medical supplies and appliances
- Respiratory therapy and oxygen

- Spiritual or pastoral counseling

* Please note that nursing home care does not include a private room, private duty nursing, or non-medical items (including telephone, radio, or television rental) when they are provided primarily for your personal convenience). Private room or private duty nursing or non-medical items will be provided at no charge only when your condition requires it and they are authorized by the IDT.

Home Care Services:

- Nursing services
- Rehabilitation therapies
- Physical therapy (PT)
- Occupational therapy (OT)
- Speech therapy (ST)
- Respiratory therapy and oxygen
- Medical social services
- Spiritual or pastoral counseling
- Personal care and home health aide services
- Homemaker and chore services
- Nutritional services and home-delivered meals
- Durable medical equipment
- Medical supplies
- Personal Emergency Response System (PERS)
- Environmental supports, such as home safety modifications
- Consumer Directed Personal Assistance Services

Other Services

- Prescription medications and over-the-counter drugs
- Transportation to all health appointments
- Respite care
- Transportation for up to two (2) community events annually



The staff at Complete Senior Care and its Provider Network provides all of the services outlined in this section. Many of the services will be provided by your IDT at the Day Center, or in the comfort of your home. When you need to receive services from a provider in the CSC Provider Network, our staff will assist you every step of the way. For example, your IDT will work with you to make appointments with providers, arrange for round-trip transportation, and will then follow-up with the provider to be sure that their treatments or recommendations are followed. Our Provider Network includes medical and dental specialists and other providers who have been selected because they understand the needs of older adults. Their information is listed in your Provider Network.

Exclusions and Limitations

Complete Senior Care does not cover any services that are not authorized by the IDT, even if it is a covered service, unless it is an emergency. Participants may be fully and personally liable for the cost of unauthorized or out-of-PACE program agreement services.

Complete Senior Care does **not** cover the following services:

1. Inpatient facility private room and/or private duty nursing services (unless medically necessary).
2. Non-medical items for personal convenience in a hospital or nursing home such as telephone charges and radio and television rental (unless specifically authorized by the IDT as part of the Care Plan).
3. Cosmetic surgery, except for surgery that is required for improved functioning of a malformed part of the body resulting from an accidental injury.
4. Experimental medical, surgical, or other health procedures.



7. Services furnished outside of the United States and all of its territories, except in limited emergency circumstances.

We Speak Your Language

As a **Complete Senior Care** participant, you can get important information in the language you understand best. Staff will arrange translator services as required to help you communicate with **Complete Senior Care** on any matter.

Have questions about covered services? Just pick up the phone and call your IDT.

5. How Do I Obtain Services in Complete Senior Care?

It's really quite easy. When you enroll in **Complete Senior Care**, the IDT will work together with you and your family to develop a Care Plan that meets your needs. Your Care Plan includes a list of all the services you need, based on your IDT's assessment and the orders of the **Complete Senior Care** physician. For most participants, it will include a number of services that are listed in Section 4 of this Agreement, and will include information about how frequently you will get the services and the specific duties or treatments that will be provided to you.

To develop your Care Plan, your IDT also talks with you and your family about your needs and personal preferences. You will be presented with a copy of your Care Plan to review and sign off on with a member of the IDT.

It is important that you let us know what you need and whether you are satisfied with the care you are receiving from **Complete Senior Care**. Also, if you believe you need a covered service or need to change your Care Plan, you should always talk with your IDT.

Can I Get Additional Services or Change My Care Plan?



From time to time, your needs may change. You may require different types of services, or you may need the same services more or less frequently. Because your IDT will see you on a frequent basis, **Complete Senior Care** will closely monitor your needs and will make changes to the services you receive as your needs change.

In addition, your IDT will review and update your Care Plan at least once every six months. They will also assess your needs and revise your Care Plan whenever there is a significant change to your condition, such as after a hospitalization. When they update your Care Plan, the IDT will review your needs as a team, and will always discuss your services with you.

And your voice is important too. If you believe you need a change to the services you are receiving, please talk with a member of your IDT about it. Your IDT will talk with you about the changes you have requested. If they are medically necessary, your IDT will update your Care Plan to include the change(s).

If you are ever dissatisfied with a service you are receiving, or disagree with the types of services that are included in your Care Plan, please discuss your concerns with your IDT. You can also file a formal complaint (known as a “grievance”) if you are unhappy with any aspect of our program, or an appeal, if you are dissatisfied with the level of care that is being provided to you. If you would like to file a grievance or appeal, please follow the procedures outlined in Section 16 of this Agreement.

What If I Receive A Bill From A Provider?

As a participant of **Complete Senior Care**, you are not responsible for paying for the medically necessary care that you receive from the program and its providers, as long as you follow the procedures outlined in this Agreement. However, it is important to note that you may be liable for the cost of services that are not authorized by the **Complete Senior Care** program.



Remember, the **Complete Senior Care** staff is available to assist you whenever you have questions by calling (716) 285-8248 or toll free at 1-888-303-4333.

6. Who Is Part Of My Complete Senior Care IDT?

At **Complete Senior Care**, there are many people working together to ensure that you receive the services you need. Most of these individuals work in our **Complete Senior Care** Day Center. Some will visit you in your home, some you may talk with on the telephone, and some work behind the scenes to provide assistance to the professionals who care for you. The **Complete Senior Care** IDT is made up of highly qualified individuals, including but not limited to these types of staff:

Primary Care Physician: Your primary care physician is trained and experienced in the care of older adults. This physician will work closely with other members of your IDT to design your Care Plan and then provide you with the care you need. And if you need services from a medical specialist, or if you need to be admitted to a hospital or nursing home, your physician will be in close contact with the specialist or the facility's staff in order to be sure that the care you receive is coordinated with all of the other services you receive from **Complete Senior Care**.

Nurse: Your nurse is a professional registered nurse who is experienced in caring for older adults. In our program, your nurse will know your needs and preferences, and she will coordinate all the care you receive. She/he will work with you and other members of the IDT to develop a Care Plan especially for you. She/he will work closely with your primary care physician as well as other IDT health care professionals (for instance, social workers and therapists) and community providers to make sure you receive the services you need.

Social Worker: Your social worker is experienced in caring for older adults. She/he will assess your need for additional community services or benefits, assist with housing issues, and other related support services that can affect your health. The social worker will help you understand **Complete Senior Care** benefits and may



provide counseling to you and/or your family. He/she works closely with other team members to help meet your goals.

Home Health Aides: Whether you are at the Day Center or at home, most participants need assistance with certain daily tasks. When you are at home, a **Complete Senior Care** home health aide may come to the house to ensure that your day-to-day needs are met. The **Complete Senior Care** home health aide might help you take a bath or prepare your food. He or she might also assist you with dressing, housekeeping, or getting to a medical appointment. Your nurse or another registered nurse supervises the Complete Senior Care home health aide. When you are at the Day Center, the **Complete Senior Care** home health aide on staff will always be there to assist you with personal needs.

Physical and Occupational Therapists: The Physical Therapist assesses each participant's need for physical exercises to address weakness due to injury or illness, strengthen muscles, and improve coordination, balance, and walking. The Physical Therapist may recommend equipment such as canes, walkers, and wheelchairs, as medically necessary, so that you can remain as independent and safe as possible.

The Occupational Therapist assesses each participant's ability to carry out daily activities such as using the toilet, bathing, dressing, cooking, and getting around the house and neighborhood. The Occupational Therapist may offer recommendations in ways of performing daily tasks as modifications that can be made to your home that will help keep you safe.

Dietician: The Dietician will assess your nutritional needs, and will provide assistance if you need a special diet, such as a diabetic diet. She/he will arrange for your meals at the Day Center to meet your needs. If you have meals delivered to your home, she will also arrange for those meals to meet your nutritional needs. If you need help following special diets, or have other questions about purchasing or preparing food, she can assist you.



Recreation Coordinator: The Recreation Coordinator plans all of the recreational and educational activities at the **Complete Senior Care** Day Center. She/he plans activities such as: chair exercises, games, music, a variety of art projects, and discussion groups, as well as special events. Often more than one activity is scheduled throughout a typical day so that we can be sure that our participants can choose the activities that they will find most interesting. She/he will work with you to ensure that you find interesting activities to enjoy.

7. Who Is In The Complete Senior Care Provider Network?

Only qualified health care professionals and organizations are in the **Complete Senior Care** Provider Network. Rest assured, these health care providers must meet our strict licensure and operating standards before they can become part of our service network. As a participant in **Complete Senior Care**, you must get your covered services from one of these network providers, if your IDT refers you to them. Your IDT must authorize all of your medically necessary appointments with network providers.

Complete Senior Care has pre-selected a group of physicians to provide medical specialty services to participants, as medically necessary. All of the physicians work closely with your primary care physician and are affiliated with a hospital in the Provider Network. **Complete Senior Care** pays providers in our network for each service you receive. Whenever you need to see a specialist or need to receive services from any of our network providers (including but not limited to hospitals, nursing homes, and home care services), your IDT will assist you every step of the way. This means:

- Your IDT will help you to identify the appropriate specialist and will be sure that the specialist has information about your needs.
- Your IDT will assist you to make an appointment. In addition, the program will make sure that round trip transportation to the appointment is also set up



and provided to you.

- Your IDT will follow up with the specialist after your appointment, so that we can be sure you receive any additional care that is needed.

A list of the providers who are in the **Complete Senior Care** Provider Network was given to you before you enrolled in the program and you will receive an updated Provider Network directory each year. Please ask your IDT if you would like a new directory at any time.

8. Can I Continue To Use My Own Doctor?

This is an important change that will take place if you enroll in **Complete Senior Care**. **Complete Senior Care** is an all-inclusive program and the physician(s) are important member(s) of the **Complete Senior Care IDT**. When you become a participant of **Complete Senior Care**, you will receive your primary medical care from our physicians. Our program's physicians (****see below**) have been chosen for their skills and knowledge in the care of frail older adults, and their commitment to working with other members of your IDT. In addition, if you need care from a specialist, **Complete Senior Care** will arrange for you to see a doctor in our network. Please be assured that all our physicians are carefully selected and work closely together.

When you enroll in **Complete Senior Care**, **your** IDT primary care physician will ensure your transition to **Complete Senior Care** is a smooth one. Your IDT will work with your primary care doctor and other specialists who have provided care to you but who are not in our Provider Network to ensure that your transition to **Complete Senior Care** providers is coordinated.

****The Complete Senior Care** program now includes a Community Based Primary Care Physician (CB PCP) option where authorized community PCPs can provide primary care services to PACE participants. A CB PCP serves in the same manner and function as the Primary Care Physician and must fulfill the same responsibilities.



In the event that a **Complete Senior Care** CB PCP must terminate his/her contract with **Complete Senior Care**, the enrolled participants utilizing that CB PCPs services will be presented with the options of:

- Remaining enrolled in the plan and receiving primary care from one of the other PCPs on staff
- Dis-enrolling from **Complete Senior Care**.

The IDT will consider all requests made by current participants to receive care from CB PCPs that occur after initial enrollment. These requests will be evaluated on a case by case basis.

9. What Happens If I'm Hospitalized?

The **Complete Senior Care** Provider Network includes two area hospitals, where you may receive a number of services, including:

- in-patient medical care,
- surgery if you need it,
- diagnostic testing, x-rays, and lab services
- emergency room care
- other services that are typically provided in a hospital setting

If your physician determines that you need to be hospitalized, you will be required to use one of those facilities, unless it is an emergency and / or you are away from the **Complete Senior Care** service area. Your IDT will assist you with admission to and discharge from the hospital and will work with your family and/or caregivers to make sure that you are safe and comfortable. In addition, whenever you are hospitalized, the program's physician will be in close contact with the physicians who are providing care to you. As a participant, the program will ensure that the



services you receive are appropriate for your needs while you are in the hospital, and we will work with the hospital's staff to plan for your discharge back home. When you are discharged from the hospital, the program will ensure that you receive all the services you need to continue to recover from your illness or surgery.

If you are hospitalized on an emergency basis, you or your family (or another person) must contact **Complete Senior Care** within 24 hours or as soon as possible. You can call and leave a message any time of the day or night. While you are in the hospital, your home care services and health care appointments must be cancelled. Your IDT will do this for you. As soon as we know that you have been admitted to a hospital, your IDT will begin to work with the hospital staff to be sure that all care is well coordinated.

10. What Should I Do in an Emergency?

Emergency Care

If you think your problem is an emergency, you should call "911" or get help from your IDT or go the closest hospital or emergency room, right away. Emergency staff will evaluate your health care need and make sure you get the care that is needed in order to stabilize your condition. If you have an emergency medical condition, you do not need to contact **Complete Senior Care** before getting care. You don't need to worry about whether the emergency service is authorized or if the provider is part of the Provider Network. This includes any services that may be provided in order to stabilize your health immediately following the emergency.

An **emergency medical condition**¹ is a health problem that happens suddenly or very rapidly, including a sudden illness or injury. To be considered an emergency,

¹ An emergency medical condition is a medical or behavioral 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: 1) serious jeopardy to the health of the individual, or in the case of a behavioral condition, placing the health of the person or others in serious jeopardy; or 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part of such person; or 4) serious disfigurement of such person.



the problem will include pain or other symptoms that are so severe that an average person – that is, someone like a **Complete Senior Care** participant without special knowledge of health or medicine – would believe that there would be serious consequences if he/she did not get immediate medical assistance. These consequences could include serious jeopardy to your health, damage to your bodily functions or organs, or serious disfigurement (the official New York State definition of an emergency medical condition appears in the footnote below for your information).

Always carry your **Complete Senior Care** Participant Card. This card includes an emergency number so that anyone can contact your IDT. If you are able, present the card to the ambulance driver and emergency room or hospital staff.

It is important for you to contact your IDT as soon as you are able. If you are unable to contact us yourself, someone else can contact us. As soon as we hear from you or a provider that you are in an emergency room or hospital, we can begin to help with your care. We can provide the emergency room or hospital with important information regarding your health needs. We can also arrange for your discharge when you are ready. If you have received Emergency Care, be sure to notify **Complete Senior Care** within 24 hours or as soon as reasonably possible. This is especially important if you have received Emergency Care from a hospital or other provider outside of the **Complete Senior Care** Network.

Urgently Needed Care

Complete Senior Care provides urgently needed services and care to stabilize your condition following an emergency, or when you have an unforeseen illness, injury, or condition. Fevers, abdominal pain, nausea and vomiting, and difficulties urinating are examples of situations that require urgently needed services. Urgent care means the care provided to a participant who is out of the Complete Senior Care service area, and who believes their illness or injury is too severe to postpone treatment



until they return to the service area, but their life or function is not in severe jeopardy.

If you are having health symptoms that you believe require urgent care, the **Complete Senior Care** program will always ensure that you get the care you need. If you are at home, at the Day Center, or in your local community, you must contact your IDT to coordinate and authorize your services. Your urgent care services may be arranged at the **Complete Senior Care** Day Center whenever possible, because our staff already know you and are familiar with your health needs. This also helps to ensure that your urgent care needs are coordinated with your other services.

If you call about an urgent care need, it is our program's policy to respond to your request for services within one hour of the time you call us. If you do not get an answer from **Complete Senior Care** within one hour, then you should seek urgent care from a local provider and **Complete Senior Care** will cover this care.

Urgently Needed Care when Out of Service Area

Complete Senior Care will also pay for the cost of urgently needed care that occurs when you are temporarily away from the **Complete Senior Care** service area and the services cannot be delayed until you return. In this instance, you still must call your IDT to coordinate and authorize your services. Regardless of whether you are at home, in your community or away, it is our program's policy to respond to your request for services within one hour of the time you call us regarding an urgent care need. If you do not get an answer from **Complete Senior Care** within one hour, then you should seek urgent care from a local provider and **Complete Senior Care** will cover this care.

If you are planning to go out of town, it is important that you notify your IDT before you leave Niagara County. **Complete Senior Care** continues to be responsible for your health needs and will arrange for medically necessary care while you are away.



However, payment for those services is not automatic, except in the emergency and urgent care situations described in this section. For all other services, you must get approval for your care in advance.

Please note that **Complete Senior Care** does NOT pay for medical care outside of the United States, except in a few circumstances (for this purpose, the United States includes all U.S. territories, as well as the 50 states and the District of Columbia).

For a Complete Senior Care participant living in New York State, the only time that your care can be covered is if you are traveling through Canada or Mexico on your way to or from another U.S. State and this is the most direct route for you to take. If you have an emergency or urgent care need while traveling through Canada or Mexico in this way, **Complete Senior Care** would pay for the cost of your emergency hospital care, medical care, or transportation by ambulance.

Please note that if you are away from the **Complete Senior Care** service area for more than 30 consecutive days you will be disenrolled from the program unless **Complete Senior Care** agrees to a longer period of absence due to special circumstances. See Section 18 for further information.

Complete Senior Care is available 24 hours a day to answer your questions about emergency services and respond to requests for authorization of urgently needed services.

Any time you seek emergency care, or urgently needed care, **REMEMBER TO:**

- Tell all health care providers that you are a participant of **Complete Senior Care**.
- Call your IDT whenever you require a service covered by **Complete Senior Care** or need help in obtaining a service.



- Notify **Complete Senior Care** within 24 hours or as soon as possible if you are admitted to a hospital.
- Call **Complete Senior Care** in advance if you have an urgent care need.
- Bring your **Complete Senior Care** Participant Card when you see any health care providers, or are admitted to an emergency department of hospital.

If you need urgent assistance at night, on weekends, or holidays – you can still call 1-716-285-8248, or call toll free 1-888-303-4333.

Sometimes health problems can start quickly. You may need to reach **Complete Senior Care** at a time when our office is not open. At these times, the nurses who work in our special after-hours unit will assist you.

These specially trained nurses are available at all times when the **Complete Senior Care** is not open – including nights, weekends, and holidays. They will answer your questions regarding your health. If they feel your condition is an emergency, they will be sure that you get the help you need as quickly as possible. The nurse in the after-hours unit can also contact your doctor or other team members. And they can also help if there is an urgent problem with one of your **Complete Senior Care** services.

How to Call Us

To contact the **Complete Senior Care** after-hours unit, just call the phone number of the Day Center: 716-285-8248, or toll free 1-888-303-4333. Your call will be automatically forwarded to one of our professional nurses in the after-hours unit.



In an Emergency

Please note that if you think your problem is an emergency, you should call “911” or get help at the closest hospital or emergency room right away. They will evaluate your health and make sure you get the care that is needed. If you have an emergency, you do not need to contact **Complete Senior Care** before getting care.

11. How Do I Get Help During Non-business Hours If My Needs Change, But It Is Not An Emergency?

If you are calling after the **Complete Senior Care** Day Center is closed – during nights, weekends, or holidays – your call will be answered by the **Complete Senior Care** On-Call service. The telephone number is the same as Complete Senior Care’s Day Center. The staff will assist you and answer your questions regarding your medical condition or other needs. And if they feel your condition is an emergency, they will be sure you get the help you need as quickly as possible.

The On-Call service may also refer you to a hospital, contact your IDT for you, and follow up if there is a problem with any **Complete Senior Care** Provider Network or service. If you need to request a change in the services that are authorized for you, they can obtain these authorizations for you, or (if your situation is not urgent) they will inform your IDT of the need to follow-up with you the next business day.

12. What If I Travel Outside of the Complete Senior Care Area?

If you are planning to visit friends or family who live outside the **Complete Senior Care** area, you must let a participant of your IDT know as soon as possible. **Complete Senior Care** continues to be responsible for your health needs and will arrange for medically necessary care while you are away. When you notify us of your trip, we will temporarily stop the services you are receiving at home and in the community. If you will be gone for 30 days or less, and you tell **Complete Senior Care** in advance, we will arrange for care if you need it while you are away. We will also help you make sure you have enough medication and supplies.



While you are away, you remain enrolled in **Complete Senior Care**, and the program will continue to be responsible for your care. Please note that **Complete Senior Care** does **not** automatically pay for services received outside its service area, even if they are the kind of services provided to you by **Complete Senior Care**. Any services you receive, except for emergency services (see Section 11) must be approved by **Complete Senior Care**, or we may not be responsible for payment for the services.

Complete Senior Care will pay for emergency or urgently needed care that occurs when you are temporarily away from the **Complete Senior Care** service area, when the services cannot be delayed until you return. Please note that payment for emergency and urgent care services is not automatic. In order to ensure that the services you receive will be covered by the program, you (or someone who you designate) are required to contact us within the following timeframes:

- If you receive emergency care while you are out of the area, you or someone who you designate must contact **Complete Senior Care** within 24 hours to let us know about the emergency and provide us with information about the care you received and the location where you received services.
- If you have an urgent care need, you must call us before seeking care. For an urgent care need, it is our program's policy to respond to your request for services within one hour of the time you call us. If you do not get an answer from **Complete Senior Care** within one hour, then you should seek urgent care from a local provider and **Complete Senior Care** will cover this care. This rule applies 24 hours daily, 7 days a week.
- Please note that **Complete Senior Care** will not pay for medical care outside of the United States and its territories, except in certain rare circumstances.
- If you receive a bill for care received while outside the area for services, which were approved by **Complete Senior Care**, forward the bills to your IDT for processing. Keep a copy for your records. If you have paid for emergency or



urgently needed care out of network, **Complete Senior Care** will reimburse you. Please save all receipts and other documents that you receive from an out-of-town hospital or health provider, and review them with your IDT. Some of these may be important for payment for your care.

If you are away from the **Complete Senior Care** service area for more than 30 consecutive days, you will be required to disenroll from the program unless **Complete Senior Care** agrees to a longer period of absence due to special circumstances. If you plan to be away for more than 30 days and wish to remain a participant of **Complete Senior Care**, you must seek approval from Complete Senior Care in advance. Your IDT can assist you with that approval process. If approved, your IDT will adjust your Care Plan, take steps to arrange for needed health care while you are away, and help you to have enough medications and supplies during that period.

Involving your **Complete Senior Care** IDT and our Provider Network in your care is the best way to coordinate your health care needs. Stay in touch.

13. What Are My Rights As A Complete Senior Care Participant?

Your health, safety, and well-being are the main concern for the team of dedicated **Complete Senior Care** staff who care for you in this program. As a participant, you have certain rights that are important for you to understand. Please ask your IDT to explain these to you if you have any questions. As a participant in **Complete Senior Care**:

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.



- To be free from harm. This includes 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 while you are enrolled in **Complete Senior Care**.
- 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 the program's staff about changes in policy and services you think should be made.
- To use a telephone while at the **Complete Senior Care** Center.
- To not have to do work or services for the **Complete Senior Care** 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 or ethnicity and national origin, religion, age, sex, sexual orientation, mental or physical abilities, sexual orientation, and/or source of payment for your care.

If you think you have been discriminated against for any of these reasons, contact a staff member at **Complete Senior Care** to help you resolve your problem. If you have any questions, you can also 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, so that you can understand the information that is given to you if you have a language or communication barrier.
- To have **Complete Senior Care** 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 information about your rights as an enrollee in English and in any other frequently used language in your community. Our staff will also assist you, so you can understand your rights if you are visually impaired.
- To get a written copy of your rights from **Complete Senior Care**. Our program will also post these rights in a public place in the PACE center where it is easy for you to see them.
- To be fully informed, in writing, of the services offered by the program. This includes telling you which services are provided by contractors instead of the program's 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 look at, or get help to look at, the results of the most recent review of **Complete Senior Care**. Federal and State agencies review all PACE programs. You also have a right to review how the program plans to correct any problems that are found during the inspection.



You have a right to a choice of providers. You have the right to choose a health care provider within the **Complete Senior Care** Provider 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 a right to access emergency services. You have the right to get emergency services when and where you need them without the 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 that is rapidly getting much worse. You can get emergency care anywhere in the United States.

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 **Complete Senior Care** program, help you create an advance directive. 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 Care Plan. You can ask for your Care Plan 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 and confidential.

You have the right to talk with health care providers in private and to have your personal health care information kept private as protected under State and Federal laws. You also have the right to look at and receive copies of your medical records. Please note that there are federal privacy rules that give you 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, 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 file a complaint. 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 **Complete Senior Care**. You have the right to a fair and timely process for resolving concerns with the program. This includes the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to **Complete Senior Care** staff and outside representatives that you select. You must not be harmed in any way for telling someone your concerns. This includes being punished, threatened, or discriminated against.
- To appeal any treatment decision by the PACE program, staff, or contractors.

You have a right to leave the program. If, for any reason, you feel that **Complete Senior Care** is no longer the program that you want, you have the right to leave the program at any time.



You also have additional rights when you receive care from a provider in our network. As a **Complete Senior Care** participant, you will be receiving care from your IDT and may also be receiving care from a home care agency, a hospital, and/or a nursing home in the **Complete Senior Care** Provider Network. In each of these settings, you have important rights that the health provider must respect. Please be sure that you understand all of your rights as you continue to receive services from **Complete Senior Care** and our Provider Network.

We want to make **Complete Senior Care** the very best health and long-term care program. To do that, we need your help and your ideas. We invite you to call or write us at any time. Tell us what you like, and give us suggestions. Our staff considers each comment and suggestion from participants and families to see how we can improve the program for everyone. It is an easy way for you to take part in improving **Complete Senior Care** policies, providers and services.

14. What If I Decide To End My Participation in Complete Senior Care?

Complete Senior Care values you as a participant. We want you to be completely satisfied with your medical care and long-term care. If you have any concerns or problems with our services or your participation, we want to hear about it. Please call your IDT at the telephone number in the front of this Agreement. We will do everything we can to help resolve your issue, even if you have already decided to disenroll. You are not able to disenroll at a local Social Security Administration office.

If you consider ending your enrollment, we hope that you will call your IDT and talk about why you wish to leave. If you agree to discuss your situation with us, your IDT will meet with you to help resolve any unmet needs. You may request disenrollment from **Complete Senior Care** at any time. To end your enrollment, we will ask you to sign a Disenrollment Form, which will indicate that you will no longer be entitled to services through **Complete Senior Care** as of the effective date of your disenrollment. If you are unable to complete the Disenrollment Form, you can tell us



of your decision to end your enrollment, and we will begin the disenrollment process.

There are also a few other situations that could result in your voluntary disenrollment from **Complete Senior Care**. For example, if you enroll in any other Medicare or Medicaid prepayment plan (such as another managed care organization or a Medicare Advantage Plan or a Medicare Prescription Drug Plan) or an optional benefit, including the hospice benefit, you would be disenrolled from **Complete Senior Care** and this would be considered a voluntary disenrollment.

Regardless of why you want to disenroll, **Complete Senior Care** will help you plan for your care following disenrollment and will arrange your transfer to other providers. Please keep in mind that until your disenrollment takes effect, you will still be required to continue to use **Complete Senior Care** services and to pay any amount due that you owe (such as a Medicaid surplus, if applicable).

The date of your disenrollment is midnight at the end of the last day of the month in which your disenrollment is processed by Maximus. However, if you submit your disenrollment request after the tenth of the month, your disenrollment may not take effect until the following month. For instance: If you request disenrollment between April 1st and April 10th, your disenrollment will usually take effect on May 1st. If you disenroll between April 11th and April 30th, your disenrollment will usually take effect on June 1st. ***You will always receive written notification of the date of your disenrollment.**

15. Can My Participation Be Canceled?

Yes. In certain circumstances, **Complete Senior Care** may no longer be the right program to meet your health and long-term care needs. If **Complete Senior Care** believes it is necessary to disenroll a participant, we must obtain the approval of Maximus.



And, to ensure that your care continues after you leave **Complete Senior Care**, we will arrange your transfer to other providers. You will receive written notification of termination of your enrollment in **Complete Senior Care**. **Complete Senior Care** will work with state and federal agencies to assist in your reinstatement in other Medicaid and/or Medicare programs after your disenrollment. We will make referrals and ensure that your medical records are made available to other providers in a timely manner.

Complete Senior Care must cancel your participation if:

- You move out of the **Complete Senior Care** service area.
- You leave the **Complete Senior Care** service area for more than 30 days without receiving approval of **Complete Senior Care**.
- At the time of your annual re-assessment, your health has improved to the point that you are no longer considered to be at risk for nursing home care. In this instance, we will only need to cancel your participation if we are confident that you will remain healthy, even if **Complete Senior Care** is no longer providing care to you.
- The contract between **Complete Senior Care** and CMS and the New York State Department of Health is terminated, or if **Complete Senior Care** is unable to provide care to you because the program has lost its state license(s).
- You engage in disruptive or threatening behavior as evidenced by behavior that jeopardizes your health or safety, or the safety of others.
- You have decision making capacity and consistently refuse to comply with your individual plan of care or the terms of the PACE enrollment agreement.



You may not be involuntarily disenrolled unless Maximus agrees. You have the right to contest an involuntary disenrollment. If you are a Medicaid recipient, Maximus will give you instructions for requesting a fair hearing. If you are not a Medicaid recipient, you can file a complaint with the NYS Department of Health. If you exercise your right to contest the disenrollment, you may choose to receive continuing care from **Complete Senior Care** pending the results of the review.

Please note that if you are involuntarily disenrolled from **Complete Senior Care**, you may re-enroll if the reason for disenrollment is cleared up. For example, if you are disenrolled because you moved out of the service area, you may re-enroll if you return to the area. If you are disenrolled for non-payment of an amount that you owe, you may re-enroll if you clear up your past-due accounts.

16. What If I Have A Concern Or Complaint About Complete Senior Care?

Complete Senior Care will try its best to resolve your concerns or issues as quickly as possible and to your satisfaction. As a **Complete Senior Care** participant, you have a right to use either our **grievance process** or our **appeal process**, depending on what kind of problem you have. These two terms are defined below, and the procedures that we will follow when you file a grievance or appeal are summarized.

In either process, you are assured of the following:

- There will be no change in your services or the way you are treated by **Complete Senior Care** staff or a health care provider because you file a grievance or an appeal.
- We will maintain your privacy. If a particular staff person is involved in your grievance, they will not take part in its resolution.
- We will give you any help you may need to file a grievance or appeal. This includes providing you with interpreter services or help if you have vision



and/or hearing problems.

- You may choose someone (like a relative or friend or a provider) to act for you.
- We will make every effort to address your concerns in the most direct and quickest way possible. Many concerns can be resolved at the time you report them.

How to Reach Us to File a Grievance or Appeal

There are several ways you can file a grievance or appeal with us:

- You may report a grievance or file an appeal by discussing your issue or request with any member of the **Complete Senior Care** staff.
- You can call us at: 716-285-8248, or toll free at 1-888-303-4333.
- You can write to us at: Complete Senior Care
1302 Main Street
Niagara Falls, NY 14301
- You can send us a fax at: 716-285-8249, Attn: **Complete Senior Care** CEO
- If you have a visual or hearing impairment, we will also provide assistance, as necessary, so that you are able to file your grievance or appeal.

What is a Grievance?

A grievance is any complaint, either written or oral, expressing dissatisfaction with service delivery or the quality of care that is furnished to the participant by staff or one of the program's network providers.



The Grievance Process

You may file a grievance orally or in writing with us. The person who receives your grievance will record it, and a staff member will be assigned to oversee the review of the grievance. A one page Grievance Appeals Information Sheet is provided to you at the time the grievance is received.

You will receive a written notice from us acknowledging the receipt of your grievance. This notice will also include the name, address, and telephone number of the person who has been assigned to handle your grievance. If we need additional information from you in order to resolve the grievance, this will also be included in the notice that you receive from us when we acknowledge your grievance.

Because we take your concerns seriously, the Day Center Director for **Complete Senior Care** will usually oversee the review of the grievance. When your grievance concerns a clinical matter, the reviewing staff will include one or more health care professionals (these will be different individuals from any person who is involved in the issue that led to your grievance).

In many cases, your grievance can be resolved at the time you express your concerns to us. If an immediate resolution of the grievance can be made, the resolution will be indicated in the Grievance Form.

All grievances will be resolved within thirty days from the time they are received by the program. **Complete Senior Care** will send you a notice when your grievance is resolved telling you our determination and the reasons for the decision.

You may request reconsideration of a grievance decision if you are dissatisfied with the outcome of the grievance process. You can request that the CEO review your grievance verbally or in writing. Any grievance reviews by the CEO will be completed within five (5) working days of the request.

What is an Appeal?

If you disagree with the Complete Senior Care's decision to limit the types of services or amount of care that is provided to you, you may request that CSC reconsider its decision by filing an appeal. An appeal can be filed in one of the following types of situations when you disagree with the program's decision:

- If **Complete Senior Care** denies or limits services requested by you or your provider;
- If **Complete Senior Care** denies your request for a referral to a specialist;
- If **Complete Senior Care** reduces, suspends, or terminates a service and you believe that you still need this type and/or frequency of service; or
- If **Complete Senior Care** denies payment for a service that you received.

What is an Expedited Appeal?

If you believe that your life, health, or ability to maintain or regain your maximum function could be seriously jeopardized without the disputed health service, please let us know at the time you file your appeal. In these instances, **Complete Senior Care** will review your appeal more rapidly, and will respond with a decision within 72 hours of the time we receive your appeal.

At times, we may need to extend the timeframe for making this decision, if you ask for an extension, or if we need additional information and we can justify to the State Department of Health that the extension would be in your best interest. In this situation, the timeframe for resolving your expedited appeal can be extended for up to 14 days.



If you do not request an expedited appeal, **Complete Senior Care** will make its decisions as quickly as your condition would require, but no later than 30 days after the time we receive your appeal. In any appeal, you will have an opportunity to present evidence or information about your health care needs so that we make our decision with the most complete information that is available.

The Appeal Process

When you file an appeal, it means that we must look again at the reason for our decision and determine if we were correct. If you choose to file an appeal, the following steps will be followed.

You can file an appeal with CSC orally or in writing using the phone number, fax number or address listed above. Please also note that:

- You must file your appeal request within 45 calendar days of the date of the initial decision.
- If you need to request an expedited review, please let us know at the time you file your appeal.
- When you file your appeal, please tell us the reason why you disagree with our decision and include any additional information that may be helpful in considering your appeal.

The person who receives your appeal will record it, and appropriate staff will oversee the review of the appeal. We will send an acknowledgement of the appeal within five days telling you that we received your appeal, and how we will handle it. If we need additional information from you in order to decide the appeal, this will also be included in the notice that you receive from us when we acknowledge your appeal.



Knowledgeable clinical staff who were not involved in the initial decision that you are appealing will review your appeal. During our review, you will have a chance to present your case in person and in writing. You will also have the chance to look at any of your records that are part of the appeal review.

During the appeal process, we will continue to provide all of your other services, as outlined in your Care Plan. If your appeal concerns a service that **Complete Senior Care** is planning to reduce or terminate, you may also request that the disputed service continue until the decision about the appeal is made. However, if you ask for a disputed service to continue and the appeal decision is NOT in your favor, **Complete Senior Care** will ask you to pay for the cost of the service during the time the appeal was being reviewed.

Unless you ask for an expedited review, we will review your appeal as a standard appeal and make a decision as quickly as your health condition requires, but no later than 30 days from the day we receive the appeal. (As noted above, an expedited appeal is decided within 72 hours, unless an extension is requested or taken.)

We will send you a notice about the decision we made about your appeal that will identify the decision we made, the reasons for the decision, and the date we reached that decision.

If we reverse our decision as a result of your appeal, we will provide you with the disputed services as quickly as your health condition requires.

The External Appeal Process

If our decision about your appeal is not totally in your favor, the notice you receive will explain your right to request an external appeal for a new and impartial review conducted by an organization that is independent of **Complete Senior Care**. You will have several options, depending upon the type of coverage you have: Medicaid,



Medicare, or both. If you are enrolled in both Medicare and Medicaid, we will help you choose which appeal process to follow, as you may not access both processes. If you have neither Medicaid nor Medicare coverage, you may file a complaint with the New York State Department of Health.

Are there any other ways to express a complaint or concern about Complete Senior Care?

We hope you will always discuss your concerns with us. However, if you are dissatisfied with **Complete Senior Care**, or if you disagree with the way we have handled your complaint, you also have the right to file a complaint with the New York State Department of Health. You can call them or write to them at any time at the following location:

New York State Department of Health
Bureau of Continuing Care Initiatives
Empire State Plaza
Corning Tower, RM 2084
Albany, New York 12237
Telephone: 1—866-712-7197

17. Your Monthly Bill: How much will you have to pay?

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

If you are eligible for:

- **MEDICARE AND MEDICAID or MEDICAID ONLY**

If you are eligible for both Medicare and Medicaid, or Medicaid only, your only obligation may be the Medicaid “spend down” as determined by Niagara County Department of Social Services. The determination of the “spend down” varies by person and is based on your income. Not all Participants will have a “spend down.”

- **MEDICARE ONLY**

If you have Medicare and are not eligible for Medicaid, then you will pay a monthly premium to **Complete Senior Care**. If there is a monthly premium, its amount and effective date will be provided to you in writing as part of the enrollment process. Because this premium does not include the cost of Medicare prescription drug coverage, you will be responsible for an additional monthly premium for Medicare prescription drug coverage. If that is the case, the Medicare premium and effective date will also be supplied in writing to you. You may pay both premiums together or you may contact your social worker for additional payment options.

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

If you are not eligible for Medicare or Medicaid, you will pay a monthly premium to **Complete Senior Care**. The amount will be provided to you in writing during the enrollment process. Because this premium does not include the cost of prescription drugs, you will be responsible for an additional premium for prescription drug coverage. You may pay both premiums together or you may contact your social worker for additional payment options.

Prescription Drug Coverage Late Enrollment Penalty

Please be aware that if you are eligible for Medicare prescription drug coverage and are enrolling in **Complete Senior Care** after going without Medicare prescription drug coverage or coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, you may have to pay a higher monthly amount for Medicare prescription drug coverage. You can contact the **Complete Senior Care** Intake Staff for more information about whether this applies to you.

Instructions for Making Payments to Complete Senior Care



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

Payment can be made by check or money order to: Complete Senior Care
1302 Main Street
Niagara Falls, NY 14301

18. More Information

You can get more information about **Complete Senior Care** if you wish. Ask your IDT or call the office phone number at the front of this Agreement. The following items are available by request:

- Names, addresses, and positions of the Officers and Board of Directors of **Complete Senior Care**.
- Most recent annual certified financial statement for **Complete Senior Care**.
- Information about consumer complaints.
- Procedures for confidentiality of participant information.
- Information about medications covered by **Complete Senior Care**.
- Quality management program and procedures.
- Clinical review criteria for particular conditions or diseases and other clinical information used in utilization review. (You must ask for this information in writing.)



- Application procedures and minimum qualification requirements for **Complete Senior Care** health care providers.

19. Remember To:

- Tell all providers that you are a participant of **Complete Senior Care**.
- Call your IDT whenever you require a service covered by **Complete Senior Care** or need help in obtaining a service.
- Notify **Complete Senior Care** within 24 hours if you are admitted to a hospital.
- Call **Complete Senior Care** in advance if you have an urgent care need.
- Bring your **Complete Senior Care** Participant Card when you see any health care providers, or are admitted to an emergency department of hospital.

Thank you for choosing **Complete Senior Care**!