



allcare pace



PACE

Participant Handbook and
Enrollment Agreement

H0247_2020EnrollmentAgreement

Welcome!

Dear Participant,

Welcome to AllCare PACE, the only Program of All-inclusive Care for the Elderly (PACE) in Southern Oregon. PACE is a widely recognized, successful approach to care that is known for enhancing quality of life for seniors.

One critical element that leads to the outstanding outcomes, for which PACE is known, is our highly skilled interdisciplinary team. Our teams coordinate care across the continuum and provide frequent attention to understanding your goals. We are fortunate to have clinicians and caregivers dedicated to providing excellence in care and responding to subtle changes that often prevent more serious health problems.

A component of what makes excellent care possible is your involvement and the participation of your family, caregivers, or others in the community who support your well-being. We invite you to reach out to any team member with questions or concerns you may have.

The work of AllCare PACE is inspired by the mission of AllCare Health and is deeply rooted in our commitment to serve the community. AllCare PACE is a vibrant example of AllCare's vision, "Working together to provide quality, cost-effective healthcare for our communities."

We look forward to serving you!

Deneen Silva, BSN, RN-BC
Senior Vice President of Population Health & PACE Services
AllCare Health



AllCare PACE

Participant Handbook and Enrollment Agreement

Table of Contents

Section 1: Welcome to AllCare PACE.....	6
Section 2: AllCare PACE Philosophy	7
Section 3: Special Features of AllCare PACE	8
Section 4: Advantages of Enrolling	10
Section 5: Services and Coverage	11
Section 6: Urgent Care	15
Section 7: Emergency Services	16
Section 8: Exclusions and Limitations	18
Section 9: Eligibility	20
Section 10: Enrollment and Effective Dates of Coverage	22
Section 11: Termination of Benefits	24
Section 12: Renewal Provisions	26
Section 13: Your Rights as a Participant	26
Section 14: Participant Grievance Procedure	30
Section 15: Participant and Caregiver Responsibilities	33
Section 16: Frequently Asked Questions	34
Section 17: General Provisions	37
Section 18: Monthly Premium and Payment Information	39
Section 19: Enrollment Provisions	42
Section 20: Rights and Responsibilities Agreement	45
Section 21: AllCare PACE Enrollment Agreement	47
Section 22: AllCare PACE Monthly Premium and Payment Agreement	49

Section 1

Welcome to AllCare PACE

We at AllCare PACE are very pleased to have you join our program. We welcome you as a “participant.” We use the term participant for individuals enrolled in our program because it emphasizes your important role in the care planning process.

For more than 25 years, AllCare Health has stayed true to its mission of working together to provide quality, cost-effective healthcare for our communities in Josephine and Jackson Counties. AllCare PACE is part of AllCare Health.

Our philosophy at AllCare PACE is to help you remain as independent as possible for as long as possible. We offer a complete program of health and home-related services, all designed to keep you living in the familiar surroundings of your own community. We strive to serve each participant compassionately and as a unique individual who deserves respect, dignity, and the right of choice.

Because AllCare PACE care providers have regular contact with you, they can detect even the subtlest changes in your condition and modify your plan of care accordingly. We have significant flexibility in tailoring your care plan based on your individual needs.

All approved care is coordinated and provided by AllCare PACE. You and your family no longer have to negotiate needed services with many providers and practitioners. You will receive hands-on care at our health and social center and at home. Specialty and inpatient care are available whenever needed. We strive to provide you and your loved ones with peace of mind.

Section 2

AllCare PACE Philosophy

PACE programs help people with disabilities aged 55 years or older, and elder adults with chronic medical conditions, live as independently as possible in community settings - such as their own homes, with family, in assisted living facilities or adult care homes. The PACE philosophy is based on the experience that older adults with complex medical needs are best served in a community setting rather than a nursing home or hospital. AllCare PACE offers a comprehensive set of services available to older adults in Oregon.

Our Collaborative AllCare PACE Approach Offers Significant Benefits By:

Emphasizing prevention

Our team members know participants well; follow them over time and can recognize subtle changes that signal a need for follow up. Throughout enrollment, we focus on health, wellness, and quality of life for participants.

Coordinating primary and specialty health care

Our team members provide a wide array of primary care and therapy directly. When a participant needs a specialist, we schedule, authorize and provide transportation to these medical appointments. Your care team also communicates with the specialists, providing critical information about your unique medical history.

Reducing hospitalizations

While a participant might need hospitalization or nursing home placement at times, older adults are highly vulnerable to complications from medication errors, hospital acquired infections, invasive tests, and loss of strength when bed-bound. We strive to protect our participants from these medical complications by seeking to avoid admissions or shorten length of stay in the hospital.

Providing access to palliative care throughout enrollment, we work together with the participant to define goals of care. Our team members are experienced in providing palliative care support when needed - a holistic approach to address physical, spiritual, and emotional needs when facing life-limiting illness.

At AllCare PACE, we support each participant's uniqueness, dignity, and independence as we carry out the AllCare Health values every day.

Section 3

Special Features of AllCare PACE

Comprehensive Service

AllCare PACE offers a full array of health and social services 24 hours a day, 7 days a week, and 365 days a year.

To provide health and social services to you, a team of healthcare professionals assesses your needs, plans and approves appropriate services with you, your family, and caregiver. Your interdisciplinary team monitors your health for changes and provides timely interventions. Primary medical care and community care services, such as nursing, personal care, and home making, are all provided or coordinated through the team at your health and social center.

AllCare PACE assumes complete care management responsibility. Your team will work with you to identify care needs, schedule appropriate care interventions and treatments, coordinate and provide transportation to and from appointments and assist you in locating housing. Enrolling in AllCare PACE gives you a consistent team of professionals who will provide and coordinate your care.

Interdisciplinary Team

The AllCare PACE interdisciplinary team includes:

- Doctor or Nurse Practitioner (PCP)
- Occupational Therapist
- Nurse
- Dietitian
- Social Worker
- Recreational Therapist
- Physical Therapist
- Home Care Coordinator
- PACE Manager
- Driver
- Personal Care Attendant

Health and Social Centers

You will receive most of your healthcare services at our AllCare PACE Health Center. Our center is located at:

AllCare PACE

2166 NW Vine Street
Grants Pass, Oregon 97526

You can contact AllCare PACE by:

Phone: (541) 474-8000

Toll free: (844) 950-7223

TTY: 711

Fax: (541) 474-3296

Online: AllCareHealth.com/PACE

List of Services

- Transportation to and from the PACE Center
- Dental care
- Podiatry
- Optometry
- Mental health, including psychology
- Primary medical and specialty care
- Prescription drug coverage and management
- Nutritious meals and dietary counseling
- Physical, occupational, and speech therapies
- Social services
- Home care
- Personal care services, including bathing, moving inside and outside the home
- Medical equipment and supplies, including incontinence creams and washes
- 24-hour access to the PACE care team

Section 4

Advantages of Enrolling

AllCare PACE was designed and developed specifically to promote independence among people with disabilities 55 years of age or older and frail elders, by offering comprehensive and coordinated services through a single organization. Our unique organizational and financial arrangements allow us to provide one of the most flexible benefits of any health care plan in the state.

Our health care plan links managed healthcare, long-term care services, and prescription drug coverage all in one program. Advantages of participating in the plan include:

- A strong history of AllCare Health serving the community.
- Primary medical care by geriatric-trained physicians and nurse practitioners.
- Comprehensive care coordination by dedicated, qualified healthcare professionals.
- Specialty medical care, including dental, hearing, vision, and foot care.
- Complete long-term care coverage in a variety of care settings.
- Physical, occupational, and speech therapies.
- Support for family caregivers.
- Individualized care planning.
- Medicare Prescription Drug Coverage, including over-the-counter medications.
- All necessary equipment and medical supplies.
- Recreational and therapeutic activities.
- Clearly defined costs with no deductibles, co-payments or claim forms (See Section 18).
- Inpatient hospital care and outpatient surgery.
- Physicians and nursing staff coverage 24 hours a day.
- In-home care and caregiving services.
- Scheduling and transportation to and from medical appointments and the health center.

Section 5

Services and Coverage

You will get to know your team members as they work closely with you to help you be as healthy and independent as possible. Your interdisciplinary team coordinates all care arrangements.

The team will assess your needs on a regular basis, generally every six months, and more frequently if necessary. Care planning and care decisions are made with you, and if you wish, your family, representative, and/or other caregiver.

Before you can receive any service from AllCare PACE, other than emergency services, your team must approve it.

The interdisciplinary team approves services based on individual need and potential benefit to the participant. All approved services are fully covered and provided by AllCare PACE and include the following (see Section 18 for a detailed description of costs and premiums):

Health and Social Services

- Health and social center visits, including meals.
- General medical and specialist care, including consultation, routine care, preventive healthcare and physical examinations.
- Nursing care.
- Medications, including over-the-counter medications prescribed by your primary care provider.
- Care management and care planning.
- Vision care, including examinations, treatment and corrective devices such as eyeglasses.
- Dental care (our goal is preventive dental care and good oral hygiene with priorities on treating pain and acute infections and maintaining oral function).
- Audiology, including evaluation, hearing aids, repairs and maintenance.
- Foot care (with referrals to podiatry as indicated).
- Social work services.
- Durable medical equipment, prostheses, and medical appliances.
- Physical, occupational, and speech therapies.

-
- Nutritional counseling and education.
 - Laboratory tests, x-rays and other diagnostic procedures.
 - Mental health services, including evaluation, consultation, medication, diagnostic, and treatment services.
 - Chemical dependency services.
 - Medical supplies, including incontinence products, diabetic, and other supplies.

Home and Community Care

- Nursing services.
- Physician visits when necessary.
- Physical, speech, and occupational therapies.
- Social work services, case management, counseling, and assistance with locating community-based housing.
- Personal care.
- Homemaker chore services.
- Home-delivered meals, including special diets.
- Respite care services.
- Emergency alert devices.

Hospital Care

- Semi-private room and board.
- General medical and nursing services.
- Medical surgical/intensive care/coronary care unit, as needed.
- Laboratory tests, x-rays, and other diagnostic procedures.
- Prescribed medications.
- Blood and blood derivatives.
- Surgical care, including the use of anesthesia.
- Use of oxygen.
- Physical, speech, occupational, and respiratory therapies.
- Medical social services and discharge planning.
- Emergency room and ambulance services.

Not included:

- Private room and private duty nursing, unless medically necessary.
- Non-medical items for your personal convenience, such as telephone charges and radio or television services are not included.

Nursing Facility Services

When needed, your AllCare PACE team provides oversight for the following:

- Semi-private room and board.
- Physician and skilled nursing services.
- Custodial care.
- Personal care and assistance.
- Prescribed medications.
- Physical, speech, occupational, and respiratory therapies.
- Social work services.
- Medical supplies.

In-home Services

When you live in your own home or with family, AllCare PACE offers the following services in partnership with contracted in-home agencies:

- Meal preparation, shopping, and errands.
- Housekeeping.
- Medication reminders.
- Personal care, such as bathing, dressing, and grooming.

Community Living Support Services

Our staff will assist you in locating appropriate housing for your needs. When you reside in these facilities, in-home and community care is provided to you:

- Adult Care Home
- Residential Care Facility
- Retirement Apartment
- Assisted Living Facility
- Memory Care Community

Transportation

AllCare PACE will coordinate, schedule, and provide transportation for all your medical appointments, visits to the health center, outings, and other appointments as scheduled by the interdisciplinary team. If you need to be taken to the hospital, our AllCare PACE medical provider will arrange transportation to and from the hospital, if needed.

Palliative Care

Palliative care is a special type of medical care. It can ease the symptoms, pain and stress of serious illness. It can also help people struggling with diminished quality of life due to advanced age and physical frailty. It may be combined with curative treatment or used alone.

People may receive palliative care regardless of their age, diagnosis, or stage of disease. The goal is to:

- Minimize suffering – physical, emotional, and spiritual.
- Improve quality of life for the participant and the family.
- Take the focus away from being sick and putting it back on living.

Your AllCare PACE care team has special training in this type of care. We work with each of our participants to address their needs, hopes, fears, and concerns.

End of Life Care

At AllCare PACE, we believe the end of one's life is precious. We value the opportunity for our participants, families, and friends to come together to prepare for the end of a loved one's life. We are committed to providing comfort and supporting the healing of spirit and personal relationships.

For most people, a period of physical decline signals the final phase of life. When the AllCare PACE care team sees signs of this decline, they engage the participant and loved ones in creating a plan of care that supports the participant's values and preferences; with a focus on maintaining autonomy, dignity, and comfort.

Additional Services

Additional support services include attendant services, translation services, interpreter services, and financial management. Translation, interpreter, and sign language services will be made available to non-English speaking or deaf participants during the intake and enrollment process and for care delivery purposes after enrollment.

AllCare PACE strives to provide safe and effective pain management for participants with acute or chronic pain. When a participant with chronic pain enrolls in AllCare PACE, the primary care provider, in collaboration with a clinical pharmacist and interdisciplinary team, will work with the participant to develop a treatment plan for optimizing pain control. Your care plan may include both medications and non-medication interventions.

Section 6

Urgent Care

The AllCare PACE medical team is available 24 hours per day, 7 days per week, and 365 days per year.

An **Urgent Problem** is a new or existing problem that requires attention within the next few hours. New symptoms that are not life threatening, or an unexpected worsening of an existing or chronic problem may be urgent problems.

Examples of an urgent problem include:

- A deterioration of health that results from an unforeseen illness or injury.
- Fever.
- Painful urination.
- Severe back pain.
- A fall without an obvious broken bone.
- Dental emergencies, such as lost crowns or broken teeth.

Urgent Care Services are required to diagnose and treat urgent problems.

During regular clinic hours, urgent care is provided by appointment in the AllCare PACE clinic located in our Health Center at 2166 NW Vine Street, Grants Pass, Oregon 97526.

If you call after hours to report an urgent care need, AllCare PACE's answering service will immediately contact one of our medical providers. Our provider will then advise you what to do and make necessary arrangements for you to receive the care you need.

For URGENT after-hours medical needs,
call AllCare PACE
(541) 474-8000

Our health center is open 8:00 a.m. to 5:00 p.m., Monday through Friday. If our clinic is not open, and you need transportation to the hospital, our medical provider will make those arrangements.

Section 7

Emergency Services

An **Emergency** is a life-threatening medical condition. Examples of an emergency can include:

- Unexpected or sudden loss of consciousness.
- Choking.
- Severe difficulty breathing.
- Symptoms of a heart attack.
- Severe bleeding.
- Sudden unexpected onset of a serious illness.
- Serious injury from a fall.

These are all examples of emergencies. If not diagnosed and treated immediately, emergent medical conditions could result in serious and permanent damage to your health.

Emergency Services are those needed to evaluate and/or stabilize an injury or sudden illness which, if not immediately diagnosed and treated, could lead to permanent damage.

You **do not** have to call the AllCare PACE on-call medical team before dialing 911 if you think you have an emergency.

DIAL 911 for emergencies

If your situation is serious, you will be taken to the closest emergency room.

Please notify AllCare PACE as soon as possible if you have used the 911 emergency system, any hospital emergency room, or urgent or emergency care outside the

AllCare PACE service area.

AllCare PACE also covers emergency or urgent care for a period up to 30 days when you are temporarily out of our approved service area.

If you have received emergency medical care while you were temporarily out of the service area, please notify AllCare PACE within 48 hours or as soon as is reasonably possible. It is to your advantage to notify us promptly so your AllCare PACE primary care provider can consult with the out-of-plan provider about your history and care needs. Please provide information about the emergency, and the care you received.

If, due to an emergency, you are hospitalized and receiving care at another facility, we may transfer you to an AllCare PACE contracted Hospital/ Medical Center or another hospital designated by us as soon as you are able to do so. We may also transfer your care to an AllCare PACE physician or consultant.

If you have paid for the emergency or urgent medical service you received when it was impossible to obtain care through AllCare PACE, you should request a receipt from the facility or physician involved. This receipt must show the physician's name, your health problem, date of treatment and release, and charges.

If you did not pay for the emergency or urgent care you received when it was impossible to obtain care through AllCare PACE, you should request the facility or physician to send a bill to AllCare PACE.

For all emergency services, your physician must verify that your care was urgent or an emergency. Please send this bill to AllCare PACE for approval and reimbursement. The bill should include the provider's name, your health problem, date of treatment and release, and charges.

Send to:

AllCare PACE
2166 NW Vine Street
Grants Pass, Oregon 97526

If you have received any medical care outside of the United States, AllCare PACE will not be responsible for charges, except in the following situations:

- An emergency occurs while you are in the U.S., but a Canadian or Mexican hospital is more accessible to you than a U.S. hospital.
- An emergency occurs while you are in Canada traveling directly to Alaska from another state.

The term “United States” means the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

Section 8

Exclusions and Limitations

AllCare PACE will not cover the following services, other than emergency care:

- Any service that has not been approved by the interdisciplinary team, even if it is listed as a covered benefit. You will be liable for the costs of any unauthorized services.
- **Services rendered in a non-emergency setting or for a non-emergency reason without AllCare PACE approval.**
- Prescription drugs not prescribed by your AllCare PACE primary care provider or contracted medical specialists.
- Cosmetic surgery unless required for improved function of a malformed part of the body resulting from an accidental injury or for reconstruction following mastectomy.
- Experimental medical, surgical, or other health procedures or procedures not generally available in the approved service area.
- Care in an Enhanced Care Facility (ECF) as defined by the State of Oregon.
- Care in an Oregon State Psychiatric Hospital.
- Care in a government hospital (VA, federal/state hospitals), unless authorized by AllCare PACE.
- Any services rendered outside of the United States, except as specified under Section 7, Emergency Services.
- Private room and private duty nursing in inpatient facilities, unless medically necessary, and non-medical items for personal convenience, such as telephone charges and radio or television services.
- Your AllCare PACE team will work with you to determine the most appropriate living situation that will meet your care needs. **Nursing facility placement will not be approved unless the interdisciplinary team determines such placement to be medically needed.**

-
- AllCare PACE does not provide medication and treatment related to Physician-Assisted Death. All measures to care for a participant during the dying process, including access to medications to relieve suffering, will be used. AllCare PACE staff will not participate in providing medications where the sole intention is to cause death. The AllCare PACE team will assist PACE participants with locating hospice services, if desired.
 - While some states (including Oregon) have made marijuana use legal, its use is still a federal criminal offense. Because PACE is a federally-funded program, allowing the use or possession of marijuana in any form on our properties is prohibited. AllCare PACE staff will not participate in assisting participants to obtain a medical marijuana card or in finding alternative locations for use. Care planning to address symptom management will be aggressively pursued by the interdisciplinary team.

Section 9

Eligibility

You are eligible for AllCare PACE if at the time of enrollment, you:

- Reside in our service area.
- Are 55 years of age or older.
- Meet the State's eligibility criteria for long term care services and supports or nursing facility level of care.
- Are able to live in a community based setting at the time of enrollment without jeopardizing your health or safety or the health or safety of others.
- Are Medicare and /or Medicaid eligible or willing to pay private pay fees (See Section 18).
- Are willing to abide by the provision that requires enrollees to receive all health and long term care services exclusively from the PACE program and our contracted or referred providers.

The following situations or unsafe behaviors may cause denial of enrollment if they cannot be remedied. Examples include situations where you:

- Have a physician documented condition that meets the criteria for Medicare skilled care and you do not appear to be able to be discharged to the community within the next 30 days.
- Are in need of imminent nursing facility placement.
- Are determined to be appropriate for Enhanced Care Services (ECS) or placement at the Oregon State Hospital (OSH).
- Have evidence in your clinical record that you have been repeatedly placed in appropriate care settings and despite medically appropriate treatment, placement has resulted in frequent hospitalizations or failed placements.
- Demonstrate behavior that is physically harmful to yourself or others, including, but not limited to:
 - a. Suicidal or self-injurious behaviors.
 - b. Threatening, abusive, or assaultive behaviors.
- Reside in a home environment that is dangerous to yourself, home care workers, or prevents delivery of care.

If after review of the above, there are questions regarding your enrollment in the AllCare PACE program, you, your representative, or the referring agency may initiate a collaborative care planning process. The process may include a referral to an AllCare PACE contracted specialist.

To enroll with AllCare PACE, you must sign an **Enrollment Agreement** form and agree to abide by the conditions of AllCare PACE, as explained in this **Participant Handbook and Enrollment Agreement**.

If you have signed an Enrollment Agreement form and are hospitalized prior to your effective date of enrollment, your enrollment may be postponed. AllCare PACE staff may complete a reassessment post hospitalization to determine if you remain eligible to enroll.

If at any time during your enrollment there are changes to this Participant Handbook and Enrollment Agreement, you will be provided an updated copy. Any changes will be explained to you at least 60 days before changes become effective.

When you enroll in AllCare PACE, you agree to receive services exclusively through AllCare PACE and our contracted providers. Therefore, you can no longer obtain services from other doctors or medical providers under the traditional fee-for-service Medicare and Medicaid system. You will receive a comprehensive package of care with a full array of health services provided by AllCare PACE staff and our contracted specialists.

After enrolling as an AllCare PACE participant, electing to enroll in any other Medicare or Medicaid plan or optional benefit, including Prescription Drug Coverage or a Hospice Program, will be considered a voluntary disenrollment from AllCare PACE.

Section 10

Enrollment and Effective Dates of Coverage

Enrolling in AllCare PACE involves three steps:

- 1) Intake
- 2) Enrollment
- 3) Care Planning

1. Intake

The Intake Process begins when you or someone on your behalf makes a call to AllCare PACE. When PACE eligibility is confirmed, an intake/referral coordinator will schedule a time to visit with you to explain our program and obtain further information.

During the intake visit you will be:

- Informed how the AllCare PACE program works and the kinds of services we offer.
- Given answers to any questions you may have about AllCare PACE.
- Informed that if you enroll, you must agree to receive all your health care exclusively from AllCare PACE.
- Provided financial information about what your monthly Enrollment & Prescription Drug Coverage premiums, if any, will be (See Section 18).
- Asked to sign an Authorization for Release of Medical Information.
- Given an AllCare PACE Enrollment Agreement.

An AllCare PACE Enrollment Specialist can arrange a time to visit the Health and Social Center if you are interested in enrolling into PACE.

2. Enrollment

To enroll, you and your family or chosen representative will meet with the intake specialist to review and sign the Enrollment Agreement. At this time, you will have an opportunity to discuss:

- The AllCare PACE Center where you will receive most of your services.
- Your monthly premiums/fees, if any.
- The provision that all of your services must be approved, provided and/or coordinated by AllCare PACE. Approval is not required for emergency

situations (See Sections 7 and 8, Urgent Care and Emergency Services)

- Our participants' bill of rights (See Section 13, Your Rights as a Participant)
- What to do if you are unhappy with the care you receive at AllCare PACE (See Section 14, Participant Grievance and Appeals Procedure).
- Completing an Advance Directive and Physician's Order for Life Sustaining Treatment (POLST) with your primary care team.

After enrolling with AllCare PACE, you will receive a:

- Copy of the signed Enrollment Agreement
- AllCare PACE membership card
- Sticker with AllCare PACE's emergency telephone numbers to put on or by your telephone
- A list of contracted health care providers.
- The contact information, including names and phone numbers, for your AllCare PACE care team and administration.

Once you are determined eligible for AllCare PACE, you may enroll at any time. Your effective date of enrollment is generally the first day of the calendar month following the date you sign the Enrollment Agreement.

To enroll for the first day of the calendar month, you must sign the Enrollment Agreement before the Medicaid deadline (typically five working days before the end of the month). If you are newly eligible for Medicaid or paying privately, you may sign the enrollment form by Monday to begin the following Monday.

In all cases, if you are on Medicare prior to enrolling with AllCare PACE, your Medicare will not be locked into AllCare PACE until the first of the following month. During your enrollment in AllCare PACE, you will not be able to use your Medicare or Medicaid outside of AllCare PACE.

3. Care Planning

Once the enrollment agreement is signed with AllCare PACE, the interdisciplinary team will meet with you to evaluate your needs and goals and talk with you about services. Your individual care plan is developed by you, your primary care team, and your family or other chosen representative.

For any service needed, simply make a request to a member of your care team.

All services approved by the interdisciplinary team are fully covered.

Section 11

Termination of Benefits

You may choose to disenroll from AllCare PACE at any time. If you no longer meet the conditions of enrollment, you will be involuntarily disenrolled.

You are required to continue to use AllCare PACE's services and to pay any applicable fees until termination becomes effective. AllCare PACE will assist you in transitioning your Medicare and/or Medicaid coverage as appropriate.

Voluntary Disenrollment

If you wish to cancel your benefits by disenrolling, you should discuss this with the social worker at your PACE center. You may not disenroll from AllCare PACE at any Social Security office. You will need to sign a Disenrollment Form. This form will indicate that you are no longer entitled to services through AllCare PACE as of the date when your disenrollment is effective. Your social worker will confirm this date and assist you in returning to the fee-for-service Medicare and/or Medicaid system.

It is to your benefit to provide 30-day notice of your intent to disenroll. This will allow time for your health and social services to be appropriately coordinated and medical care established with another provider.

If, after enrolling as an AllCare PACE participant, you elect to enroll in any other Medicare or Medicaid plan or optional benefit, including Prescription Drug Coverage or a Hospice Program, your enrollment in the other plan will be considered a voluntary disenrollment from AllCare PACE.

Involuntary Disenrollment

AllCare PACE can terminate your benefits by notifying you in writing of our intent to disenroll you, if:

- You move out of our designated service area.
- You are out of our designated service area for more than 30 days without prior approved arrangements.
- You fail to pay your monthly private pay premiums within a 30 day grace period or fail to make satisfactory arrangements to pay your premiums.
- Your behavior threatens your health and safety or the health and safety of others and cannot be managed even with the support of AllCare PACE.
- You are accepted for admission to a state psychiatric hospital.
- You are admitted to an Enhanced Care Facility (ECF). Enhanced care is

designed to provide 24 hour supervision and support to eligible individuals who demonstrate challenging behaviors and psychiatric symptoms.

- You become incarcerated
- You no longer meet state eligibility criteria and the county or state case manager does not believe that disenrollment will result in deterioration of your health.
- You attempt to buy or sell methadone or other controlled substances, resulting in discharge from a contracted methadone maintenance or substance abuse treatment program.
- AllCare PACE loses the contracts and/or licenses enabling it to offer health care services.
- AllCare PACE's agreement with Medicare or Medicaid is not renewed or is terminated.
- AllCare Health determines not to continue the AllCare PACE program.

AllCare PACE must receive approval from Oregon Aging and People with Disabilities to disenroll any participant.

If you are involuntarily disenrolled, the effective date of disenrollment and termination of AllCare PACE benefits is the first day of the following month. This may change if the interdisciplinary team determines a longer time frame (no more than 30 days) is needed to ensure a smooth transition.

Exceptions include:

- 1) The date you are accepted for admission to a state psychiatric hospital will be the effective date of disenrollment;
- 2) The date you are admitted to an Enhanced Care Facility (ECF) will be the effective date of disenrollment.

All involuntary disenrollees may choose to use the Participant Appeals Procedure to appeal their involuntary disenrollment (See Section 14).

AllCare PACE has an agreement with the Center for Medicare and Medicaid Services and the State Administering Agency that is subject to renewal on a periodic basis. Although unlikely, if this agreement is not renewed, the program will be terminated, and we will assist in connecting you to another plan.

If you are out of the service area for more than 30 days, unless prior arrangements have been made, you will be involuntarily disenrolled, and any medical care that occurs after your disenrollment effective date will not be covered by AllCare PACE.

Section 12

Renewal Provisions

If you disenroll from AllCare PACE, you can be reinstated once you reapply, and if you meet the eligibility requirements.

If you are given notice of our intent to disenroll you due to failure to pay the monthly premiums, you can remain enrolled with no break in your coverage by paying the premiums before the effective date of disenrollment. If disenrolled, your coverage will be restored on the first day of the following month, after the premiums are paid.

Section 13

Your Rights as a Participant

As a participant in AllCare PACE, you have the rights listed below.

If at any time you believe any of your rights have been violated, you may file a grievance (see Section 14).

1. **Respect and Non-discrimination.** You have the right to considerate, respectful care from all AllCare PACE employees and contractors at all times and under all circumstances. You have the right not to be discriminated against in the delivery of required services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment. Specifically, you have the right to the following:
 - (A) To receive comprehensive health care in a safe and clean environment and in an accessible manner.
 - (B) To be treated with dignity and respect, be afforded privacy and confidentiality in all aspects of care, and be provided humane care.
 - (C) To not be required to perform services for AllCare PACE.
 - (D) To have reasonable access to a telephone.
 - (E) To be free from harm, including physical or mental abuse, neglect, corporal punishment, involuntary seclusion, excessive medication, and any physical or chemical restraint imposed for purposes of discipline or convenience and not required to treat your medical symptoms.
 - (F) To be encouraged and assisted to exercise your rights as a participant, including the Medicare and Medicaid appeals processes, as well as civil and other legal rights.

-
- (G) To be encouraged and assisted to recommend changes in policies and services to AllCare PACE staff.
 - (H) To have a family member, friend, or advocate present during appointments and at other times when needed, within clinical guidelines.
2. **Information Disclosure.** You have the right to receive accurate, easily understood information and to receive assistance in making informed health care decisions. Specifically, you have the following rights:
- (A) To be fully informed in writing of the services available from AllCare PACE, including identification of all services that are delivered through contracts rather than furnished directly by AllCare PACE. You have the right to receive this information at the following times:
 - (1) Before enrollment.
 - (2) At enrollment.
 - (3) When there is a change in services.
 - (B) To have the Enrollment Agreement fully explained in a manner understood by you.
 - (C) To have qualified interpreter services for medical, dental, mental health, home health or after-hours emergency calls, to interpret for participants with hearing impairment or in the primary language of non-English speaking participants.
 - (D) To examine, upon reasonable request, or to be assisted to examine the results of the most recent review of AllCare PACE conducted by the Center for Medicare and Medicaid Services or the State administering agency and any plan or correction in effect.
3. **Choice of Providers.** You have the right to a choice of health care providers, within the AllCare PACE network, that is sufficient to ensure access to appropriate high-quality health care. Specifically, you have the right to the following:
- (A) To choose your primary care physician and specialists from within the AllCare PACE network.
 - (B) To request that a qualified specialist for women’s health services furnish routine or preventive women’s health services.
 - (C) To disenroll from the program at any time.

-
4. **Access to Emergency Services.** You have the right to access emergency health care services when and where the need arises without prior authorization by the AllCare PACE interdisciplinary team.
 5. **Participation in Treatment Decisions.** You have the right to participate fully in all decisions related to your treatment. A participant who is unable to participate fully in treatment decisions has the right to designate a representative. Specifically, you have the following rights:
 - (A) To have all treatment options explained in a culturally competent manner and to make health care decisions, including the right to refuse treatment, and be informed of the consequences of the decisions.
 - (B) To have AllCare PACE explain advance directives and to establish them, if you so desire.
 - (C) To be fully informed of your health and functional status by the interdisciplinary team.
 - (D) To participate in the development and implementation of your plan of care.
 - (E) To request a reassessment by the interdisciplinary team.
 - (F) To obtain covered preventative and diagnostic services.
 - (G) To be given reasonable advance notice, in writing, of any denial or changes of benefits or services. AllCare PACE must document this justification in your medical record.
 6. **Confidentiality of Health Information.** You have the right to communicate with health care providers in confidence and to have the confidentiality of your individually identifiable health care information protected. You also have the right to review and copy your own medical records and request amendments to those records. Specifically, you have the following rights:
 - (A) To be assured of confidential treatment of all information contained in your health record, including information contained in an automated data bank.
 - (B) To be assured that your written consent will be obtained for the release of information to persons not otherwise authorized under law to receive it.
 - (C) To provide written consent that limits the degree of information and the persons to whom information may be given.

-
7. **Grievance and Appeals.** You have the right to a fair and efficient process for resolving differences with AllCare PACE, including a rigorous system of internal review by the organization and an independent system of external reviews. Specifically, you have the following rights:
- (A) To be encouraged and assisted to voice a grievance to AllCare PACE staff and outside representatives of your choice, free of any restraint, interference, coercion, discrimination, or reprisal by the AllCare PACE staff.
 - (B) If you are dissatisfied with any care or service or believe any of your rights have been denied, you have the right to file a grievance with the Aging and People with Disabilities (APD) PACE Coordinator toll free at (844) 224-7223.
 - (C) To appeal any denial of a requested service, non-payment of a service, discontinuation or reduction of a service, or an involuntary disenrollment to AllCare PACE Administration. You have a right to file a state Administrative hearing. (See Section 14).

Section 14

Participant Grievance Procedure

All of us at AllCare PACE share the responsibility for assuring that you are satisfied with the care you receive. We encourage you to express any grievance or appeal you have with services at the time and place it occurs. All information regarding the grievance process will be treated confidentially. You will be informed in writing annually of our grievance process.

1. Grievance Procedure

Definition: A grievance is an oral or written expression of dissatisfaction related to the quality of care, access, or services received from AllCare PACE.

- (A) You may discuss your grievance with any member of the AllCare PACE team. That staff member will gather complete information and be responsible for giving this information to an AllCare PACE Manager or designee.
- (B) Your PACE Center manager or designee will investigate the grievance by making personal contact with you, your family, representative or caregiver, as appropriate. If you do not want it investigated further, tell your PACE Center manager.
- (C) Every effort will be made to resolve your grievance in a timely manner.
- (D) If your life, health, or ability to regain maximum functioning could be seriously jeopardized, an expedited process will be implemented. Investigations will begin within 24 hours and be completed within 72 hours.
- (E) If you are not satisfied with the proposed solution to your grievance, you have the right to request a review with the AllCare PACE Administrator. Your PACE Center manager or designee will assist you in this process, if you choose.

2. Extended Grievance Procedure

Definition: A grievance that has not been resolved to a participant and/or family or caregiver's satisfaction.

- (A) If you would like to pursue an extended grievance, the PACE Center manager will file your request with AllCare PACE Administration.
- (B) A member of AllCare PACE Administration will acknowledge receipt of your extended grievance. Your extended grievance will then be reviewed by

a Medical Director. When the extended grievance review is completed, we will communicate the results to you in writing.

- (C) All attempts will be made to resolve a non-urgent grievance within thirty (30) calendar days from the date the extended review was filed. Any expedited grievance will be resolved within 72 hours.

3. Appeals Procedure

Definition: An appeal is a written or oral request to review AllCare PACE's denial of a requested service, non-payment of a covered service, reduction or termination of an existing service, or an involuntary disenrollment.

- (A) We will notify you within 72 hours of our decision to approve or deny a service or item you have requested. We will mail you a 30 day notice of our intent to involuntarily disenroll you within 72 hours of our decision to do so (See Section 11).

If we reduce or stop a service you are already receiving, we will mail you a notice at least ten (10) working days before the service is stopped.

- (B) The notice will tell you how to appeal the decision if you are not happy with it and what your rights are.

- If services are being reduced or stopped, and you wish to have the services continued, you **must** file an appeal with AllCare PACE or request an Administrative Hearing with the state **before the date the services end**.

- (C) In situations where you feel your life, health, or ability to maintain function will be jeopardized without continuation of the denied service, AllCare PACE will make a determination regarding the appeal as quickly as your health condition requires, but no later than 72-hours after receipt of your appeal.

- (D) You can file an appeal a number of ways, including:

- Directly to a PACE Center manager, or
- To AllCare PACE Administration, or
- If you are a Medicare beneficiary, to MAXIMUS Federal Services, Inc., or
- Request a state Administrative Hearing from Aging and People with Disabilities.

Your PACE Center manager will help you decide which one to appeal to and assist you in filing the appeal.

-
- (E) If you choose to appeal to AllCare PACE independent Medical Director the Medical Director is an impartial 3rd party who was not involved in the original action and who does not have stake in the outcome of the appeal.
- You can present evidence orally or in writing related to your appeal.
 - We will continue to provide the appealed service until a final determination is made if you request continuation of the appealed service before the service ends. You also will need to agree to pay for the appealed service if the appeal is not resolved in your favor. The appealed service will continue up to 90 calendar days from the date of request or until a decision is rendered on the appeal, whichever comes first.
 - You will receive a decision within 30 calendar days from the date you file the appeal, or as expeditiously as your health condition requires, but no later than 72 hours after receipt of the appeal.
 - If your appeal is resolved in your favor, we will provide or pay for the disputed service within 72 hours.
 - You will also be notified in writing of your additional appeal rights under Medicaid or Medicare. We will help you choose which appeals process to use and help you file the appeal.
- (F) If you are enrolled in Medicare and the decision is wholly or partially adverse to you, you may request to pursue the external appeals process. A copy of the determination will be forwarded immediately to Medicare's independent review organization, the MAXIMUS Federal Services.
- (G) If you are not satisfied with the results of your appeal, you may request an Administrative Hearing with the State of Oregon by contacting the Aging and People with Disabilities (APD) PACE Coordinator toll free at (844) 224-7223.

As an AllCare PACE member, you agree that any appeal not resolved to your satisfaction will be settled by arbitration rather than by a court proceeding.

Section 15

Participant and Caregiver Responsibilities

You and your caregivers have the responsibility to:

- Participate in your care plan development.
- Cooperate in the implementation of your care plan.
- Provide the AllCare PACE interdisciplinary team with a complete and accurate medical history.
- Utilize only those services (except for emergencies) authorized by AllCare PACE.
- Call the AllCare PACE medical provider for direction, in case of an urgent care need.
- Utilize AllCare contracted Hospitals/Medical Centers for hospital care, except in emergencies where you will be taken to the closest emergency room.
- Use urgent and emergency care appropriately and to notify AllCare PACE within 72 hours of an emergency.
- Notify AllCare PACE in writing of any intent to disenroll.
- Pay required monthly fees as appropriate.
- Notify AllCare PACE of a move or lengthy absence from the service area.
- Notify AllCare PACE prior to planned overnight travel outside of the service area so staff can coordinate for adequate medical supplies for your trip.

You will be asked to sign the Rights and Responsibilities Agreement upon enrollment, stating that you understand and agree to the rights and responsibilities listed above (See Section 20).

Section 16.

Frequently Asked Questions (FAQ)

Q: How often will I see the doctor?

A: The primary care team, including your PCP, will meet with you at least every six months, and whenever you have a significant change in your health. We encourage you to share any questions or concerns you have at any time. Simply tell any staff member.

Q: Will I still see my specialists?

A: AllCare PACE Primary Care Providers (PCP) are specialists in treating people with a wide range of medical problems. This means you may not need to see as many specialists. We coordinate with you for a care and treatment plan that reflects what is important to you and your health - we care about all of you.

Q: Do I have to attend the PACE center?

A: The best way for you to get to know your team is by coming into the PACE center on a regular basis. You may come to the center as planned between you and your team.

Q: What is the “lock-in” provision of AllCare PACE?

A: It is the requirement that by enrolling in AllCare PACE you agree to receive all health and long term care services exclusively from AllCare PACE and our contracted or referred providers, and that all of your services must be approved, provided and/or coordinated by AllCare PACE.

Q: What happens once I enroll?

A: During the first 30 days of your enrollment with AllCare PACE, you will be very popular! Even before your start date, primary care team members will begin to contact you, your family, and your caregiver.

We will be gathering information before your start date to order any items you may need:

- equipment
- medical supplies
- dietary supplements

The AllCare PACE social worker may call you or your family member and ask for information regarding:

- copies of power-of-attorney forms
- advanced directives
- family names and contact numbers
- assistance you may need in managing your finances

The primary care team will also discuss with you if you need to be scheduled for special services such as:

- Audiology
- Dental care
- Optometry

Q: Who comprises the Inter-Disciplinary Team (IDT)?

A: Your IDT includes all of the professionals listed below:

- Doctor or Nurse Practitioner (PCP)
- Nurse
- Social Worker
- Physical Therapist
- PACE Day Center Manager
- Personal Care Assistant
- AllCare PACE has additional staff who support you; such as pharmacists and other caregivers.
- Occupational Therapist
- Dietitian
- Recreational Therapist
- Home Care Coordinator
- Driver

Q: How will you manage my pain?

A: Our goals for effective pain management are that:

- You are able to maintain the quality of life you want.
- You are satisfied with your pain management plan.
- You do not have negative effects from the pain management tools used to help you.

We will discuss the risks and benefits of your medications with you. We want to develop a pain management plan with you that is best for your safety and well-being now and in the future.

Q: Can I get an electric wheelchair?

A: Power Mobility Devices or PMDs include three and four wheel scooters and powered wheelchairs. AllCare PACE uses Medicare and Medicaid guidelines and the Care Team's assessment to determine if you are PMD eligible.

If you already own a PMD:

- If you are eligible per our guidelines and you already own a PMD, AllCare PACE will pay for repairs and modifications to it.
- If you do not meet eligibility requirements, AllCare PACE will not repair or replace your PMD.
- In some cases, we will issue you a program owned PMD to replace your current one.

If you do not currently own a PMD and request one:

- Your AllCare PACE Inter Disciplinary Team (IDT) will assess you for PMD eligibility.
- If you are eligible, AllCare PACE will provide you with a PMD.

Q: What if I need to move?

A: AllCare PACE staff will assist you in locating appropriate housing to meet your needs. The goal of AllCare PACE is to support you living in the least restrictive community setting. We partner with housing providers at all levels of care within our geographic area.

Q: Does AllCare PACE provide hospice care?

A: At AllCare PACE, we believe the end of one's life is precious.

AllCare PACE palliative care services mirror hospice-like services. When the care team recognizes a period of physical decline that may signal the final phase of life, we engage you and your loved ones in creating a plan of care that supports your values and preferences. We are committed to providing comfort and support to you and your loved ones through this journey.

Section 17

General Provisions

Arbitration. Any controversial claim arising out of or relating to this Agreement, or the breach thereof, shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association. Judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Changes to Agreement. Changes to this Agreement may be made if they are approved by both the U.S. Department of Health and Human Services and the Oregon Department of Human Resources. We will give you at least 60 days written notice of any change.

Cooperation in Assessments. In order for us to determine the best services for you, your full cooperation is required in providing medical and financial information.

Governing Law. This agreement is governed in all respects by the laws of Oregon and applicable federal law. Any provision required to be in this Agreement by either of the above shall bind AllCare PACE whether or not set forth herein.

No Assignment. You cannot assign any benefits or payments due under this Agreement to any person, corporation, or other organization. Any assignment by you will be void. (Assignment means the transfer to another person or organization of your right to the services provided under this Agreement or your right to collect money from us for those services.)

Notice. Any notice which we give you under this Agreement will be mailed to you at your address as it appears in our records. You should notify us promptly of address changes. The notice should be mailed to AllCare PACE Administration 2166 NW Vine Street, Grants Pass, Oregon 97526.

Notice of Certain Events. We shall give you reasonable notice of any termination or breach of Agreement by, or inability to perform of, hospitals or physicians or any other person with whom we have a contract to provide services and benefits hereunder, **if you may be materially and adversely affected.** We will arrange for the provision of any interrupted service by another provider.

Our Relationship to AllCare PACE Providers. AllCare PACE providers other than staff are independent organizations and are related to us by contract only. These

providers are not our employees or agents. AllCare PACE providers maintain a relationship with you and are solely responsible for any of their acts or omissions, including malpractice or negligence. Nothing in this Agreement changes the obligation you have to any provider rendering care to you to abide by the rules, regulations, and other policies established by that provider.

Policies and Procedures Adopted by Us. We reserve the right to adopt reasonable policies and procedures to provide the services and benefits under this Agreement.

Time Within Which to Bring Claims. Any claim, other than a claim for personal injuries, that you may have with respect to AllCare PACE or with respect to services provided by AllCare PACE must be brought by you within one year from the date that you receive the service for which the claim is brought. Claims for personal injuries must be brought within one year from the sustaining of those injuries.

Your Medical and Care Records. It may be necessary for us to obtain and share your medical and care records and information from or with hospitals, nursing facilities, home health agencies, physicians, or other providers who treat or provide care to you. By accepting coverage under this Agreement, you authorize us to obtain, use and share such records and information. This may include information and records concerning treatment and care you received before the effective date of this Agreement by anyone who provided the treatment and/or care. To obtain copies of your records, make a request to your primary care provider.

Who Receives Payment under this Agreement. Payment for services provided and authorized by the interdisciplinary team under this Agreement will be made by AllCare PACE directly to the provider. **You are not required to pay anything that is owed by AllCare PACE to its selected providers.**

Payments for unauthorized services, except in the case of an emergency, are your responsibility.

Section 18.

Monthly Premium and Payment Information

Premiums

Your payment responsibility will depend upon your eligibility for Medicare and Medicaid.

If you are eligible for:	You will pay:
Medicare only	Two monthly premiums to AllCare PACE beginning the first month of enrollment. One monthly premium for AllCare PACE enrollment and an additional monthly premium for Medicare prescription drug coverage. You may pay both premiums together or you may contact your social worker for additional payment options. No other co-payments are required.
Medicare and Medicaid	No monthly premium payment to AllCare PACE. You will receive all PACE services including prescription drugs at no cost to you.

* If you are responsible for paying towards the cost of your Medicaid services, you will continue to make that payment to the Department of Human Services, Aging and People with Disabilities (DHS-APD).

Medicaid only	No monthly premium payment to AllCare PACE. You will receive all PACE services, including prescription drugs.
Private Pay only	Two monthly premiums to (No Medicare or Medicaid) AllCare PACE beginning the first month of enrollment. One monthly premium for AllCare PACE enrollment and an additional monthly premium for prescription drug coverage. You may pay both premiums together. No other co- payments are required.

Notes

(A) Medicare Eligibility Requirements

If you are eligible for Medicare, you must maintain your Medicare eligibility by continuing to pay your monthly Medicare Part B premium to Social Security. If you are eligible for Medicare but have elected not to enroll in Medicare and you are not receiving Medicaid benefits, you will need to

1. Either elect to enroll in Medicare, or
2. Pay AllCare PACE the premium amount Medicare would have paid to AllCare PACE.

If your eligibility for Medicare or Medicaid programs changes, while you are an AllCare PACE participant, your monthly fees and continued enrollment will be adjusted accordingly.

If you are Medicaid eligible and become eligible for Medicare after enrollment in AllCare PACE, you must obtain all Medicare coverage (Parts A and/or B, and Part D) from AllCare PACE. Medicare benefits are assigned to and received from AllCare PACE.

(B) Medicaid Eligibility Requirements

1. If you **do not** have a financial obligation towards the cost of your Medicaid services, you will not have to pay for services received by AllCare PACE.
2. If you are responsible for paying towards the cost of your Medicaid services, you will continue to make that payment to the Department of Human Services, Aging and People with Disabilities (DHS-APD).

Housing and Food Expenses

If you live in your own home or apartment, you will continue to be responsible for your own housing and food expenses. If you live someplace besides your own home, such as an Adult Care Home or Assisted Living Facility, and you are eligible for Medicaid, you will be required to make a payment (determined by Aging and People with Disabilities guidelines) toward the cost of your shelter and food costs.

Payment Agreement

If you have premiums/fees, they will be explained to you prior to enrollment. If you are responsible for a portion of or the total premium/fee amount, you will be informed of the following payment procedure:

- (A) You will receive an invoice for the amount payable to AllCare PACE on or about the 15th of each month for the following month.
- (B) The invoice will list the service month and the fee amount.
- (C) The private pay enrollment premium may increase, but will remain the same as the rate AllCare PACE receives for Medicaid participants.
- (D) The Medicare Premium for prescription drugs may increase. Some private pay participants with limited income and resources may be eligible for extra help to pay for their prescription drug costs.
- (E) **Prescription Drug Coverage Late Enrollment Penalty**
Please be aware that if you are eligible for Medicare prescription drug coverage and have gone without Medicare prescription drug coverage or coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, upon enrolling with AllCare PACE you may have to pay a higher monthly amount for Medicare prescription drug coverage. You can contact your AllCare PACE social worker for more information about whether this applies to you.
- (F) **Premium payments to AllCare PACE are non-refundable.**
- (G) If you have to pay a monthly charge to AllCare PACE, you must pay 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.

Payment can be made by check or money order to:

AllCare PACE
2166 NW Vine Street
Grants Pass, OR 97526

Section 19

Enrollment Provisions

Important Notice: The benefits under this Agreement are made possible through a special agreement that AllCare PACE has with Medicare (Center for Medicare and Medicaid Services of the U.S. Department of Health and Human Services) and Medicaid (State of Oregon Department of Human Services).

When you sign this Enrollment Agreement, you are agreeing to accept all health and health-related services exclusively from AllCare PACE. You will be automatically disenrolled from any other Medicare or Medicaid prepayment health plan and AllCare PACE will provide all Medicare and Medicaid covered benefits.

Non-payment of required fees will result in disenrollment.

Please examine this Enrollment Agreement carefully.

If you are not interested in enrolling in our program, you may return the Agreement to us without signing.

If you sign to enroll with us and change your mind, you may cancel your Agreement (See Section 11, Termination of Benefits).

While enrolled with AllCare PACE, you agree that any dispute, disagreement, or claim that you have regarding AllCare PACE, if unable to be amicably resolved, will be settled through an arbitration process rather than a court proceeding. This includes any dispute, disagreement, or claim you may have with respect to the provisions and/or care provided by AllCare PACE (See Section 14, Participant Grievance and Appeals Procedure).

Please keep this booklet. When you enroll in AllCare PACE, it is your contract with us. It contains the terms and conditions and describes the services available to you. This Enrollment Agreement remains in effect until disenrollment and/or termination takes place.

Enrollment

Section 20

Rights and Responsibilities Agreement

I acknowledge that I have received, read and understand the Participant Rights and Responsibilities as listed in the AllCare PACE Enrollment Agreement (See Sections 13, 14, and 15), and that:

- These rights and responsibilities have been fully explained to me.
- I have been given an opportunity to ask questions and all my questions have been answered to my satisfaction.
- I have received instructions and understand how to exercise my rights and how to take action if I believe any of my rights have been violated.

Participant Name (print)

Participant Signature

Date

Guardian/Representative Signature

Date

AllCare PACE Representative

Date



Section 21

AllCare PACE Enrollment Agreement

I have received, read, and understand the AllCare PACE Enrollment Agreement. Terms and conditions in the Agreement have been explained to me. I have been given an opportunity to ask questions. All my questions have been answered to my satisfaction. I agree to participate in the AllCare PACE program according to the terms and conditions in this Agreement. I understand that I must receive all services from AllCare PACE, except emergency services, and that the interdisciplinary team must approve all services. I also agree to allow disclosure and information exchange about my participation with AllCare PACE between the Centers for Medicare & Medicaid Services (CMS), State of Oregon Department of Human Services (OR DHS) and Aging and People with Disabilities (APD).

Important Notice: The benefits in this Agreement are made possible through a special agreement that AllCare PACE has with Medicare (CMS, an agency of the Health & Human Services) and Medicaid (OR DHS). I understand in signing this Agreement that I am agreeing to accept all health and health-related services exclusively from AllCare PACE and will be automatically disenrolled from any other Medicare or Medicaid prepayment health plan. AllCare PACE will provide all Medicare and Medicaid covered benefits.

AllCare PACE Enrollment Agreement (cont.)

Participant (print): _____

Date of Birth: _____ Sex: M _____ F _____

Medicare #: _____ Part A: _____ Part B: _____

Medicaid #: _____

Other Health Insurance Company: _____

Effective Date of Enrollment: _____

Signature of Participant: _____ Date: _____

Witness (print): _____

Signature of Witness: _____ Date: _____

Guardian/Representative (print): _____

Address: _____

Signature of Guardian/Representative: _____ Date: _____

Signature of AllCare PACE Representative: _____ Date: _____

Section 22

AllCare PACE Monthly Premium and Payment Agreement

I understand that as part of my participation in the AllCare PACE program, I am required to pay monthly fees as they relate to my continuing eligibility for Medicare and/or Medicaid programs and/or private pay services (see Section 18, Monthly Premium and Payment Information). I understand the monthly fees may vary as my eligibility for these programs may change in the future. I agree to pay required monthly fees directly to AllCare PACE. I understand that required monthly payments to AllCare PACE are due on the first of the month and are non-refundable. I understand that the private pay premium may increase and will remain the same as the rate AllCare PACE receives for Medicaid participants.

- My monthly premium for AllCare PACE enrollment will be \$ _____ effective _____ .
- My monthly premium for Medicare prescription drug coverage will be \$ _____ effective _____ .
- You may pay both premiums together (total \$ _____) or you may contact your social worker for additional payment options.

AllCare PACE Monthly Premium and Payment Agreement (cont.)

I understand that by choosing to enroll in AllCare PACE mid-month, I am required to pay a one-time prorated enrollment premium for the first month of service that is due on the capitation date listed below.

My prorated payment to AllCare PACE \$ _____ is effective _____

I agree to make the payment/s as indicated above.

Participant/Representative Signature

Date

Billing Address:

AllCare PACE Representative Signature

Date

Payments may be made by check or money order to:

AllCare PACE
2166 NW Vine Street
Grants Pass, OR 97526



allcare pace

2166 NW Vine Street, Grants Pass, OR 97526

Tel (541) 474-8000
Toll free (844) 950-7223

TTY 711
Fax (541) 474-3296

[AllCareHealth.com/PACE](https://www.AllCareHealth.com/PACE)