Hope PACE® Enrollment Agreement

Your Guide to Services

Hope PACE®

A Chapters Health® Affiliate

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Enrollment Agreement

Revised Nov. 2024

Call Hope PACE at (239) 985-6400,
Toll Free: (866) 659-7223 or
Hearing Impaired: (800) 995-8771

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1. Introduction

"Who would have thought there would be any other choice when it was time for more medical help… more nursing care… more help with daily living."

Welcome to Hope PACE®, a Program of All-inclusive Care for the Elderly (PACE) sponsored by Hope Hospice and Community Services. We are happy that you chose Hope PACE for your health care.

This Enrollment Agreement will help you understand:

- Hope PACE, the PACE program that serves Charlotte, Collier and Lee counties
- What kind of care Hope PACE can provide for you
- The Enrollment Agreement you sign

Hope PACE is committed to helping you be as healthy as possible for as long as possible. Hope PACE is a voluntary program, and you can disenroll at any time. We want to help you to remain in your own home and community with your family. We will do our best to help you get stronger so that you can continue to do the things you enjoy. We will focus on what you can do, instead of what you cannot do.

If you have any questions after you have read this enrollment agreement, please call our intake and enrollment office at (239) 985-6400, toll free at (866) 659-7223, or hearing impaired at (800) 995-8771.

Participants are admitted to this program and are rendered services without distinction due to race, color, national origin, handicapping condition, veteran's status, sexual orientation or age*.

* Note: Does not apply to enrollment eligibility requirement of age 55 or older.

2. Our Mission Statement

To provide client-centered holistic long-term care to frail elderly individuals while supporting their core desires for dignity, autonomy and the ability to maintain a degree of independence and, to support end-of-life decisions in a caring, supportive environment.

3. Program Description

Hope PACE, a program of Hope Hospice and Community Services, is a Program of All-inclusive Care for the Elderly (PACE). PACE is based upon the successful long-term care model in San Francisco known as On Lok. This program was developed as a special health plan for senior citizens. Often older people have medical problems that last for long periods of time. This health plan arranges for doctors, nurses, or other special medical people to help with these problems. It also gives Hope PACE participants a place to go where this care can be provided.

Hope PACE is different from any other kind of health care program. It is a complete health care program that offers a more personal way of getting health care. All of us at Hope PACE want to get to know you. Once we get to know you, our Hope PACE staff will work with you and your family to give you the kind of care that you need.

We want to help you stay as independent as possible. We offer a complete program of health care and health related services, all designed to keep you living in your own home and community for as long as possible.

Hope PACE provides a range of services twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days a year. People who specialize in health care watch for changes in your condition, provide treatment, and encourage you to do things for yourself. Medical, nursing, physical therapy, occupational therapy, nutritional services, medical social work services, including services you can get in your home, are offered through Hope PACE. In addition, special medical services such as hearing, dentistry, vision, psychiatry and speech therapy are also an important part of care.

If you need care in a hospital, you will get this care through Hope PACE. If you need nursing home services, Hope PACE will arrange for care at a nursing home in the community. Also, Hope PACE is interested in the social, cultural and economic needs of you and your family. After all, this is at the heart of our mission to you.

4. Eligibility

To be eligible to enroll in Hope PACE you must:

- Be at least 55 years old
- Be a resident of Charlotte, Lee or Collier county
- Be able to live in the community without jeopardizing your health or safety
- Be clinically eligible for nursing home placement by the Florida Department of Elder Affairs (DOEA)

5. Special Features

There are some things in our program that no other health care program will give you.

- **An Interdisciplinary Care Team** - Your care is planned with you and your family and provided by an Interdisciplinary Care Team of special people working for you. Your Team includes at a minimum, a primary care physician, a registered nurse, a social worker, a dietician, a physical therapist, an occupational therapist, a speech therapist, an activity coordinator, a Hope PACE manager, a homecare coordinator, a personal care attendant or their representative, and a driver or their representative. Each Team member's special skills are used to determine all of your health care needs. The Team may also call on other specialists. Together with you, a health care plan is created for you.
- **Authorization of Care** - You will get to know each of your Team members very well. They will be helping you to be as healthy and independent as possible. Your choices for health care must be approved in advance by your Team in order for services to be paid for by Hope PACE. About twice a year, your Team will talk about your needs. They will talk with you and your family to see if these needs have changed. They will meet more often with you and your family if your health needs require it, or at the request of you or your family. If your Interdisciplinary Care Team finds it necessary for you to receive additional services from other doctors or specialists, then they will approve these services before you see the outside provider. If you make appointments without the knowledge or consent of the Team, you may be responsible for payment of those services.
- **Hope PACE Center** - You will get most of your health care services in our Hope PACE Center, a multi-purpose center that provides you with health care, activities, nutritious meals, and the opportunity to socialize and make new friends.
- **Doctors and Other Team Members** - Your Hope PACE doctor and the other Team members who will provide your care.
- **Appropriate Place and Days for Your Care** - Hope PACE was developed to give care where it is needed. This means that the appropriate number of hospital days will be provided as necessary. Your Interdisciplinary Care Team will decide the best way and location to care for you after talking with you and your family. The Team will also decide what kind of care you receive in your home that Hope PACE will pay for.
- **"Lock-In" Provisions** - This means that once you are a Hope PACE participant your health care services must be provided through Hope PACE. These services will be approved by the members of your Interdisciplinary Care Team.
- **Special Payment** - If you are eligible for Medicare and/or Medicaid, Hope PACE takes the place of the standard Medicare and/or Medicaid programs. The only payment made by Medicare and/or Medicaid for the care you need will be one payment each month to Hope PACE. Hope PACE will provide all of your care.

You will receive all the services you normally receive through Medicare and Medicaid and may receive more services.

- **Premium Consent/Participant Liability** - If you are eligible for Medicare and not Medicaid, you will be asked to pay what is equal to the payment Hope PACE gets from Medicaid each month plus a premium for your Medicare Part D pharmacy services.
- **Medicaid Loss of Eligibility** It is your responsibility to maintain your Medicaid eligibility; if you lose your eligibility while enrolled in Hope PACE, you will be financially responsible for the payment Hope PACE receives from Medicaid, plus an additional payment for your Part D pharmacy services.
- **If you become eligible for Medicare AFTER you enroll in PACE**- You must obtain all Medicare coverage (Parts A and/or B, and Part D) from Hope PACE.

6. Accessing Services

There are four (4) steps to enrolling in Hope PACE. As soon as you have completed all four steps and officially enroll in Hope PACE you will begin to receive services. The four steps are:

1. Intake
2. Assessment
3. Enrollment
4. Final Approval

1. Intake - Intake usually starts when you or someone in your family, or even someone from an agency, calls Hope PACE to talk about your needs. This call tells us that you might be eligible to be a Hope PACE participant. At this time, we will set up an appointment to meet with you face to face. We will look at your medical needs and decide the best way to take care of you and where you should get that care. During this visit, you will learn:

- ❑ What the eligibility requirements are to enroll in Hope PACE
- ❑ What the Hope PACE Enrollment Agreement contains
- ❑ How the Hope PACE program works, the kinds of services we offer and the answers to any questions you may have about us
- ❑ If you enroll, you must agree to get all your health care from Hope PACE
- ❑ What your monthly cost - if any - will be

After this visit, if you are interested in becoming a participant in Hope PACE, a member of the Interdisciplinary Care Team will discuss your health care needs with other Team members and set up a schedule of visits for you at the Hope PACE Center. This usually means that you will go to the Center for a day or so in order that you can get to know us, and we can get to know you and learn what your individual health care needs are.

We will also ask you to sign a paper that will give us permission to get all of your medical records from doctors you have seen so we can get a complete picture of your health condition.

2. Assessment - After each Team member has read your medical records, the Interdisciplinary Care Team will meet to talk about what kind of care you need. At this meeting, they will develop a plan of care just for you and decide if the plan of care we recommend can help you live safely in the community.

3. Enrollment (Family Conference and Preliminary Approval) - An Interdisciplinary Care Team member will meet with you to talk about enrolling in Hope PACE. It is important that you bring this enrollment agreement with you to the conference. If you want to, you can have your family or a person you are close to be with you at this meeting and you will be able to talk about:

- The plan of care the Interdisciplinary Care Team feels you need and how your family will be a part of it
- Your monthly costs, if any
- The "Lock-in" feature: When you are a Hope PACE participant, you will be cared for by your Team. This Interdisciplinary Care Team will do everything it can to keep you as healthy and active as possible. This means that once you are a Hope PACE participant your health care services will be provided only through Hope PACE. These services will be approved by members of your Interdisciplinary Care Team. If you are eligible for Medicare and/or Medicaid, Hope PACE takes the place of the standard Medicare and/or Medicaid programs. The only payment each month Medicare and/or Medicaid pays is to Hope PACE. They will not pay other providers, because you may only be enrolled in one Medicare or Medicaid program at a time.
- What to do if you are unhappy with the care that you get at Hope PACE

If you decide to be a participant in Hope PACE, we will ask you to sign the Enrollment Agreement signature sheet. After you sign it, you will receive:

- ❑ **Hope PACE Card** - identifies you as a participant in the Hope PACE program
- ❑ **Emergency Sticker** - a long, brightly colored sticker that needs to be placed on or near your telephone. This keeps it handy when you need it most. The sticker shows the numbers to dial in case of an emergency.
- ❑ **Medicare Sticker –** a smaller sticker to apply to the back of your Medicare Card. Your Medicare Card is the small card that has Social Security written at the top and is in red, white, and blue. Please place the sticker on the back of the card and present this card anytime you receive an authorized service.
- ❑ **Emergency Plan** - the detailed sheet that you sign which has instructions on what to do in case of an emergency.
- ❑ **Enrollment Agreement Signature Sheet** - your signed copy, must be signed before you can receive Hope PACE services
- ❑ **Acknowledgement of The Care Plan** - your signed copy of the plan your interdisciplinary care team designed for you

- ❑ **Hope PACE Center Information** - which includes your attendance schedule
- ❑ **Interdisciplinary Care Team Information –** will be inserted in your handbook, updated regularly
- ❑ **Hope PACE Contract Providers List –** will be inserted in your handbook, updated regularly
- ❑ **Confidentiality Statement**
- ❑ **Immunization Consent Form**
- ❑ **What To Bring To The Center** and other helpful information
- ❑ **Photo Release Form**
- ❑ **Premium Consent/Patient Liability Form** - if any payment is due

4. Final Approval - Because Hope PACE has promised to serve only people who need long-term care, the local Florida Department of Elder Affairs CARES office must agree that your health situation makes it necessary for you to have the kind of care we provide. The local Florida Department of Elder Affairs CARES office will review the records written by Hope PACE to determine if you are eligible for our care. In the very rare case that it is decided that you do not qualify for the kind of care given by Hope PACE, you will not be able to enroll.

If that should happen, you may appeal that decision to the State of Florida at this address:

Department of Children and Families
Office of Appeal Hearings
1317 Winewood Blvd.
Building 5, Room 255
Tallahassee, FL 32399-0700

If you do not qualify to enroll in Hope PACE, your eligibility for Medicare and/or Medicaid will not be affected.

Important Notice
If you are eligible for Medicare or Medicaid, the services or benefits you get once you become a participant in Hope PACE are made possible through a special agreement that we have with Medicare (The Centers for Medicare and Medicaid Services [CMS] of the United States Department of Health and Human Services) and Medicaid (Florida Agency for Health Care Administration).

When you become a Participant, you are agreeing to accept benefits ONLY from Hope PACE in place of your usual Medicare and Medicaid benefits.

Hope PACE will provide the same basic benefits as Medicare and Medicaid. The Hope PACE Enrollment Agreement will be fully explained to you. You and your caregiver should read it carefully before you sign the enrollment agreement signature sheet. Ask Hope PACE staff questions to make sure you understand everything about the Enrollment Agreement.

If you do enroll in Hope PACE, you may cancel your enrollment if you change your mind. Hope PACE will work with you to process your disenrollment as soon as possible. We ask that you give us a thirty (30) day written notice if you no longer want to be a Hope PACE participant. Until your disenrollment is processed you must continue to use Hope PACE services. This gives your Interdisciplinary Care Team time to work with you and your family to plan for your future health care needs. It also allows Hope PACE the time to give proper notice to Medicare and Medicaid of your decision to disenroll.

7. Advance Directives and Power of Attorney

It is important to Hope PACE and your Interdisciplinary Care Team to understand how you want your health care to be provided. A time may come when you are too sick to talk to your Hope PACE Interdisciplinary Care Team, your family, or your caregiver. It is Hope PACE's policy to discuss with you and your family before you get too sick the kind of care you want provided.

We will keep a written and signed copy of the care you want provided to you by Hope PACE. No matter what you decide, we will give you the care you want. Here are ways for you to let Hope PACE understand and honor your wishes.

- You may give written instructions. This is called an "advanced health care directive" or "living will."
- You may ask someone else to decide your care for you. This request must be in writing. This is called a "health care power of attorney, health care surrogate or proxy."
- A Do Not Resuscitate order (DNR) is a doctor's order that identifies individuals who have elected in advance not to be resuscitated from respiratory or cardiac arrest. You or your legal representative, and your physician must sign the form. This form is available from the Florida Department of Health as well as from physicians and attorneys.
- You will be fully informed, in writing, of plans to implement a change in the level of care or services you receive.

8. Benefits and Coverage

A. Effective Dates of Enrollment

Your enrollment is effective on the first day of the calendar month, following the date that we receive your signed enrollment agreement. Your effective dates of enrollment are listed on your enrollment agreement.

Your Hope PACE center is:

- ❑ 3280 Tamiami Trail, Ste. 45-47
  Port Charlotte, FL 33952
- ❑ 2668 Winkler Avenue,
  Fort Myers, Florida 33901
- ❑ 1333 Santa Barbara Blvd, Bldg A
  Cape Coral, FL 33991
- ❑ 13020 Livingston Road
  Naples, Florida 34109
- ❑ 1201 Wings Way
  Lehigh Acres, Florida 33936

You will attend the Hope PACE Center on _____.

Your driver will pick you up at approximately _____ .
While we plan to be on time, we will do our best to let you know if we will be later than expected.

Your driver will take you home at approximately _____ .

B. Enrollment Agreement Signature Sheet

Applicant Name:_____ Date of Birth: _____ Sex: _____

Permanent Address: _____

_____

Mailing Address (if different from Permanent Address): _____

_____

Medicare Beneficiary Status: Part A ___ Part B ___ Both ___ None ___

Medicare Number: _____

Medicaid Recipient Status: _____

Medicaid Number: _____

Other Health Insurance Information (if applicable): _____

Primary Language: _____ Secondary Language: _____

IN WITNESS WHEREOF, I, _____ agree to enroll in the services of Hope PACE. I have received a copy of the member enrollment agreement and talked with a Hope PACE staff member about my enrollment benefits. I understand that once I enroll in Hope PACE, I am to receive all my health care benefits from Hope PACE. A Hope PACE staff member has reviewed the following information with me and/or my caregiver:

- ❑ Eligibility requirements for participation in Hope PACE
- ❑ The process of enrolling in Hope PACE
- ❑ Health Care Power of Attorney and Advanced Directives
- ❑ Effective Dates of Enrollment
- ❑ A description of the kind of benefits and coverage I get with Hope PACE
- ❑ Information about Hope PACE, including hours, and what to do when the weather is bad
- ❑ Information about the Interdisciplinary Care Team that will care for me
- ❑ List of Hope PACE Contract Providers and Employees
- ❑ Financing, monthly payment information, including what I may have to pay, if anything. I understand what Hope PACE will not pay for.
- ❑ Responsibility to maintain Medicaid eligibility and financial obligations/payments to PACE if you become ineligible.
- ❑ Information about long term care facilities, and how they may be used for my care
- ❑ Emergency and Urgent Care coverage
- ❑ Information about what should be done if I am hurt in an accident
- ❑ A copy of the Participant Rights – Bill of Rights
- ❑ My responsibilities as a Participant of Hope PACE and the responsibilities of my caregiver
- ❑ Information about the Participant Council and the Consumer Advisory Council
- ❑ Information about the Hope PACE Grievance process
- ❑ Information about the Hope PACE Appeal process
- ❑ Information about the Medicaid and Medicare appeals process
- ❑ Information about stopping my Hope PACE benefits
- ❑ Information about re-applying to Hope PACE
- ❑ A Confidentiality Statement
- ❑ Definitions of terms in the agreement booklet
- ❑ Notice that you may not disenroll from Hope PACE at a Social Security office

I have been allowed to ask questions and my questions have been answered. I understand the Hope PACE program and wish to become a Participant. I understand that enrollment in Hope PACE will result in automatic disenrollment from any other Medicare or Medicaid prepayment plan. I also understand that enrollment in any other Medicare or Medicaid prepayment plan or optional benefit subsequent to enrolling in Hope PACE will subject me to voluntarily disenrollment from Hope PACE.

I understand that if I move or leave the service area for a long period of time, I must notify Hope PACE.

I agree to accept my health services from Hope PACE instead of other programs sponsored by Medicare and/or Medicaid and that my effective date of enrollment is: _____

I understand that I am authorizing the disclosure and exchange of my personal information between the Centers for Medicare and Medicaid Services (CMS) and its agents, the Florida Agency for Health Care Administration (AHCA), the Florida Department of Elder Affairs (DOEA), and Hope PACE.

_____	_____	_____
Name of Participant	Signature of Participant or Authorized Representative	Date
_____	_____	_____
Name of Witness	Signature of Witness	Date

* Signature other than that of the participant or immediate family member will be accompanied by the appropriate documentation in accordance with Florida law and Hope PACE policies and procedures.

C. Benefits and Coverage General Description

There are many kinds of care provided by Hope PACE. As a participant in the program, all necessary health services, as authorized by the Interdisciplinary Team (IDT), will be provided through Hope PACE. Most care is delivered at the Hope PACE Center. Your Interdisciplinary Care Team knows about every kind of service offered and will decide with you on what is best for your needs. Necessary services that may be authorized by the IDT for you include:

Outpatient Health Services

1. Adult Day Health Care
2. Physician, clinic and specialist services, which may include advanced practice nurses. Female participants are entitled to choose a qualified specialist for women's health services from a Hope PACE provider network to furnish routine and preventive care. Specialty services may include:
   Anesthesiology, Audiology, Behavioral Health services/mental health and substance abuse services including community psychiatric rehabilitation services, Cardiology, Dermatology, Gastroenterology, Gynecology, Internal Medicine, Nephrology, Neurosurgery, Oncology, Ophthalmology, Oral Surgery, Orthopedic Surgery, Otorhinolaryngology (ear, nose and throat), Plastic Surgery, Pulmonary Disease, Radiology, Rheumatology, General Surgery and Ambulatory Surgery, Thoracic and Vascular Surgery, Urology
3. Nursing Care
4. Medical Social Services
5. Physical, Occupational and Speech Therapy
6. Podiatry
7. Help for you and your family on how to choose and cook healthy foods
8. Laboratory tests, X-rays and other tests to find out what health problems you may have
9. Prescribed drugs and medicines. You must get these through Hope PACE
10. Artificial limbs and durable medical equipment (such as hospital beds, wheelchairs and walkers)
11. Vision care, including examinations, treatment and things to help you see better, such as eyeglasses
12. Psychiatric Care including evaluation, consultation, diagnosis and treatment
13. Hearing Services, including evaluation, hearing aids, repairs and maintenance

Hospital Inpatient Care

1. Semi-private room and meals
2. General Medical and Nursing services
3. Medical/Surgical, Intensive Care, Coronary Care units, as necessary
4. Laboratory tests, X-rays and other tests to find out what health problems you may have
5. Prescribed drugs and medicines approved by the Interdisciplinary Team
6. Giving you blood or some of the different parts of blood
7. Surgical care including use of medicine that puts you to sleep during surgery
8. Use of oxygen
9. Physical, Speech, Occupational and Respiratory Therapies
10. Medical Social Services
11. Emergency Room Care
12. Ambulance
13. Treatment Room Services

Not included under hospital care are private room and private duty nurse charges, unless your Interdisciplinary Care Team feels it is necessary for your condition. Non-medical items such as telephone charges are not covered unless authorized by the Team.

Long Term Care Facility

1. Semi-private room and meals
2. Doctor and nursing services
3. Custodial care
4. Personal care and assistance
5. Prescribed drugs and medicines
6. Physical, Speech, and Occupational Therapies
7. Medical Social Services
8. Medical supplies and appliances

Home Health Care

1. Skilled nursing services
2. Doctor's visits
3. Physical, Speech, and/or Occupational Therapies
4. Medical Social Services
5. Personal Care services
6. Homemaker/Chore services
7. Home delivered meals with special diets
8. Respite Care

End of Life Care
End of Life care includes care in the hospital, in a nursing home, in the Hope PACE Center, at home, a hospice facility or through outpatient services. Your PACE team will fully explain all options of care and services.

Health Related Services
Health related services include transportation, homemaker/chore services, home delivered meals, help in getting around your community, and help in handling your money and paying your bills.

Dental Care
Dental care will be given to you according to your needs. Your Interdisciplinary Care Team will provide the dentist who will care for your teeth and gums. When you first enroll in Hope PACE you will get a dental checkup. After that, you will be given a checkup at least once a year. The most important thing to us is to care for any painful or infected teeth or gums. We want to keep your mouth healthy so you can eat and drink without any problems. Dental services may include:

- Diagnostic services - examinations and tests, or X-rays, to see what your needs are.
- Preventive services - cleaning and instructions in keeping your teeth and gums as healthy as possible.
- Restorative dentistry - fillings, temporary or permanent crown.
- Prosthetic appliances - complete or partial dentures.
- Oral surgery - pulling teeth (called "extracting") or the removal or repair of soft and hard gum tissue.

Hope PACE staff provides all primary care services through the Hope PACE Center and in-home service programs. Sometimes, the Interdisciplinary Care Team feels a special type of care is needed for a participant. If none of the Team members is trained to give this care, Hope PACE will make special arrangements with hospitals and other people in the community who are trained to give it.

Second Medical Opinion
You may want an opinion from a different health care provider. In such cases you must ask Hope PACE to get this second opinion. If you do this, Hope PACE will pay for it.

D. The Hope PACE Center

You will receive most of your health care services in an adult day health setting within the Hope PACE Center:

- ❑ 3280 Tamiami Trail, Ste. 45-47
  Port Charlotte, FL 33952
- ❑ 2668 Winkler Avenue,
  Fort Myers, FL 33901
- ❑ 13020 Livingston Road
  Naples, FL 34109
- ❑ 1201 Wings Way
  Lehigh Acres, FL 33936

Our regular center hours are from 8:00 a.m. until 5:00 p.m. Monday through Friday. If you need help after hours, you may call us. Feel free to call if you have any questions or concerns.

It is important that you attend the Hope PACE Center on your scheduled day(s) each week. If you are not able to attend on your scheduled day, contact us BEFORE 7:00 a.m., or as soon as possible, so your driver and the rest of your care team will know.

Hope PACE is closed on legal and religious holidays. We will let you know when we will be closed due to a holiday. Here is a list of the days during the year that Hope PACE closes and Hope PACE Center services are not provided:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

What if the weather is bad?
We will be closed during severe weather such as a hurricane or flood. If public schools in your county are closed, the Hope PACE Center will also be closed. Local TV and radio stations will announce public school closings.

If the weather becomes bad while you are at the Hope PACE Center, we will try to send everyone home early. If we do close early, we will notify family and/or caregivers as needed.

E. The Hope PACE Team

The Hope PACE Center has its own Care Team which consists of the following people. Your Interdisciplinary Care Team will be assigned to you at the enrollment conference.

- **The Center Manager** is responsible for the day-to-day operations of the Center.
- **The Primary Care Physician** is the doctor responsible for overseeing the primary medical care you will receive.
- **Staff Nurses** are responsible for overall nursing care needs. They work closely with the physician and nurse practitioner to give you medical care.
- **Certified Nursing Technicians** are responsible for the patient care activities such as helping you with your personal needs.
- **Home Care Coordinators** are responsible for the coordination of services offered in the home, including personal care aides and equipment.
- **The Pharmacist** is responsible for medicines that you may take.
- **The Dietician** is responsible for making sure your food and nutritional needs are met.
- **Social Workers** are responsible for social support services. They may help you find outside social resources, answer questions about your money management or Medicaid, and be a resource for help with family and emotional issues.
- **The Physical Therapist** helps you do things that keep your muscles strong. This helps you move around better. The physical therapist also makes sure that any equipment you get, like a wheelchair or a walker, fits your needs and is easy for you to operate.
- **The Activity and Recreation Therapists** are the ones who encourage you to meet other participants, teach you new crafts, play games and take you on field trips. In other words, they are the wonderful people who dream up fun things for you to do. However, you may suggest new or different activities that you would like doing also. We want you to enjoy the time you spend at the Hope PACE Center.
- **The Occupational/ Physical Therapy Aide** helps the physical therapist with your care.
- **The Occupational Therapist** helps you exercise your arms and hands so that you can do some of the things you enjoy. This includes being able to comb or brush your hair, feed yourself, or write your name.
- **The Speech Therapist** is responsible for helping you use the muscles in your face. This helps you to eat and speak and communicate with others.

The group of smiling faces that greet you early in the morning to bring you to the Hope PACE Center, take you to your appointments, get you home safely, and schedule your van time are the members of your transportation team.

- **The Transportation Manager** is responsible for managing the transportation needs of the Hope PACE Center. The Transportation Coordinator schedules your travel time and the drivers' routes so that you don't have to spend too much time in the vans. The Transportation Coordinator will also let you know if your driver is running late or if there is a problem.
- **The Drivers** are the ones who pick you up in the morning and bring you home at night. They may also drive you to field trip outings with other participants or take you to a medical specialist appointment.

F. Contract Providers

Hope PACE partners with other providers when necessary to better meet your needs. An insert listing contract providers is included in your enrollment/family conference packet. New lists are sent to you each year.

This list is updated monthly and any changes will appear in your quarterly newsletter. You may request a copy of the contract provider list at any time, but remember, all contract services must be pre-approved by your Interdisciplinary Care Team.

An example of people on this list may include specialists, such as eye doctors, dentists, and others. Also included on this list are hospitals, assisted living facilities, and home care providers, among others. Contract providers used by Hope PACE are licensed, certified, and/or credentialed as required by their specific licensing boards.

G. Financing: Monthly Payment Information

Your payment each month will depend on your eligibility for Medicare and Medicaid. If you are eligible for:

Medicare and Medicaid - nothing to Hope PACE.

It is your responsibility to maintain Medicaid financial eligibility; otherwise, the below will apply.

Medicare Only

- *If you have Medicare Part A, and enrolled under Medicare Part B and are not eligible for Medicaid*, then you will pay a monthly payment to Hope PACE of $_____ as of _____ (date).

- *If you have Medicare Part A, and are NOT enrolled under Medicare Part B and are not eligible for Medicaid*, then you will pay a monthly payment to Hope PACE of $_____ as of _____ (date).

- *If you are not eligible for Medicaid*, then you will pay a monthly payment to Hope PACE of $_____ as of _____ (date).

- *If you have Medicare Part B and are not eligible for Medicaid*, then you will pay a monthly payment to Hope PACE of $_____ as of _____ (date).

- *If you are only eligible for Medicare Part B*, you will still pay the monthly Medicare bill to the Social Security Administration (SSA) to stay eligible. If your eligibility for Medicare/Medicaid programs changes while you are a Hope PACE Participant, your monthly charge will be changed. Look at the amount above to find out what that change will be, or ask a representative of Hope PACE.

- Note: The above amounts include payment for all prescription drugs covered under Medicare Part D.

If you have to pay a monthly charge to Hope PACE, 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 by the first day of every month. Payment can be made by check, money order, or cash to:

Hope PACE
2668 Winkler Avenue
Fort Myers, FL 33901

What happens if my payment is late?
If you have not paid or made satisfactory arrangements to pay your monthly bill by the tenth (10th) day of the month, you will be sent a "Second Notice" of an overdue bill and charged a late fee of twenty dollars ($20.00). *If you still have not paid or made satisfactory arrangements to pay your bill by the end of the month you will receive a letter explaining that you will be involuntarily disenrolled from the Hope PACE program if you do not pay your bill, and the involuntary disenrollment process will begin.*

Example: You are billed $100 for the month of January. Payment is due by January 10th. If you still have not paid your bill by February 1st for January care received, then the involuntary disenrollment process will begin.

Hope PACE will coordinate your return into the Medicare and Medicaid fee for service system if you are eligible. Hope PACE will continue to provide services until your effective date of disenrollment. If you are disenrolled, a discharge plan will be developed by your interdisciplinary care team in order to determine your ongoing care needs. Hope PACE sets its monthly charges once a year and has the right to change its charges with thirty (30) days notice.

H. Financing: Exclusions and Limitations

The staff of Hope PACE promises to give you the very best care possible, but there are some things they cannot do for you. A list of these things we cannot pay for is given here:

- Any service that your Interdisciplinary Care Team does not authorize, even if it is listed as a Hope PACE service, unless it is an emergency service.
- Cosmetic surgery unless it is required to help you in your everyday life, or if it is needed to fix any parts of your body that have been seriously hurt in an accident or for reconstruction following a mastectomy.
- Experimental medical, surgical, or other health procedures/treatments. *
- Any services given outside of the United States, except as may be permitted under the state's approved Medicaid plan or by Medicare. (The United States includes the 50 states, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.)
- When you are hospitalized or in inpatient facilities: private room and private duty nurse charges unless your Interdisciplinary Care Team feels it is necessary for your condition. Also not included are non-medical items for personal convenience such as telephone charges, radio or television rental unless specifically authorized by the Team as part of the plan of care.

* Hope PACE understands that there may be a medical or health care treatment or service that may be helpful in preventing or correcting a health problem and may not be covered under this program. If this service or treatment is not covered by Hope PACE,

your Interdisciplinary Care Team will look at what else they can do and let you know about your available choices.

I. Long Term Care Facilities

If you are Medicaid eligible and at any time your Interdisciplinary Team decides with you and your family that you can no longer be cared for in your home, you may be placed in another health care setting. This can be for a short period of time, or if necessary, it can be a permanent placement.

If you are permanently placed in a long- term care facility, Hope PACE requires that you pay the money you have been receiving when you were at home directly to the facility for your room and board. Hope PACE will continue to provide all your medical care and supervise all your needs. Your Hope PACE physician will continue to provide all your care.

The only time this may not be true is when you have a husband, wife, or disabled adult child that will continue to live in your home while you are in the long- term care facility. If this is true, then you may be able to continue to keep the money.

As part of the process of placing you in a long- term care facility, Hope PACE will notify Medicaid eligibility to determine what, if anything, you will be required to pay Hope PACE. If you do not pay the amount of money that Medicaid determines you owe Hope PACE, you could affect your eligibility for Medicaid and be disenrolled from Hope PACE. These rules are true for everyone who receives Medicaid assistance and is placed in a long term care facility. For you to continue to be a Hope PACE participant, you must abide by the rules.

9. Emergency and Urgent Care

Hope PACE provides for your care around the clock, twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. When you enroll in Hope PACE, you will receive an instruction sheet to post by your phone. This sheet will clearly identify what an emergency is for you.

If you feel your condition requires immediate attention, please call 911. Please notify Hope PACE as soon as possible if you use 911 emergency services.

Urgently Needed Care is covered services provided to you when:
a) You are temporarily absent from the Hope PACE service area or under some circumstances, services are provided to a participant who is within the service area but neither Hope PACE nor a Hope PACE contract provider is available or accessible. And,
b) When such services are necessary and immediately required as a result of symptoms from an unforeseen illness, injury or condition in which the average layperson would reasonably believe would require such immediate attention.

Approval for urgent care service is given within one hour after Hope PACE is notified. If we have not taken action after one hour, then approval is given by default.

If you feel that you need health care services quickly, but it is not an emergency, Hope PACE will arrange for these urgently needed care services.

If you call after normal working hours (8:00 a.m. to 5:00 p.m.) the Hope PACE Answering Service will immediately call one of its doctors who will tell you what to do and help you get the care you need. A doctor is available 24 hours a day.

Hope PACE On-Call:
(239) 985-6400, toll free :(866) 659-7223 or hearing impaired: (800) 995-8771

If you need to be taken to the hospital, the doctor will call the nearest ambulance service to send an ambulance to you.

Emergency Medical Condition means a 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 the following:

- Serious jeopardy to your health;
- Serious impairment to bodily function; or
- Serious dysfunction of any bodily organ or part.

Examples of emergencies include problems breathing, chest pains, or bleeding that is hard to stop. Because of the emergency, you may need to get this care from the closest and fastest source possible. This may mean including sources other than Hope PACE or its contract providers. You will not be required to pay for any services that are required to treat emergencies even if the services are provided outside the service area and/or by a source other than Hope PACE or its contracted providers.

You will know that your problem requires emergency care by asking yourself the following questions:

- Do I need help on-the-spot because of an injury or sudden illness?
- Does the time required to reach Hope PACE staff mean I could risk permanent damage to my health? Could I die as a result?

If you believe your problem is a matter of life or death, needing faster help, please call 911.

Please answer all questions as carefully as you can. Do exactly what you are told by the operator. If your problem is an emergency, you will be taken to the nearest Emergency Room of a hospital. **Again, you should notify Hope PACE as soon as possible if you have called 911 for service.**

If you are away from your home and out of your service area, Hope PACE will cover your emergency or urgently needed care. If you were given emergency medical care while you were spending a short time away from the service area, you must tell someone at Hope PACE as soon as possible. You must give information about the emergency and the care you received.

If you are in a hospital or are still getting care, we have the right to arrange to move you to another hospital within our network if your health will not be jeopardized. We will also change your doctor to a Hope PACE doctor.

If you are in a hospital when you are out of town, you have to tell Hope PACE within one (1) full day, or twenty-four (24) hours, or as soon as your medical condition gets better and you are able to tell us.

If you have paid for the urgent or emergency medical service you received when you could not get care from someone at Hope PACE, you should ask for a receipt from the hospital or doctor who treated you. The receipt must show:

- The doctor's name
- Your health problem
- The treatment you received
- The date of treatment and when you were able to leave, and
- How much you had to pay for the service

You will be paid back for this care if you send your receipt to:

Hope PACE, Attention: Center Manager
2668 Winkler Avenue
Fort Myers, FL 33901

However, if you receive any medical care outside of the United States, Hope PACE will not pay for it.

10. Accidental Injury

If you are injured by someone else's actions, such as being involved in an automobile accident, and are injured and require additional medical care, Hope PACE will provide that additional care.

However, if you recover any money from the party who injured you, or someone paying on behalf of that person, such as an insurance company, Hope PACE may have a claim upon that recovery in the amount of the costs we spent to provide you with the additional medical care you received because you were hurt. These are the same kinds of rules and regulations that would apply under your usual Medicare and/or Medicaid service if you are eligible.

Remember, you must notify Hope PACE if you are involved in an accident.

11. Participant Rights

When you join Hope PACE program, you have certain rights and protections. Hope PACE must fully explain your rights to you or someone acting on your behalf in a way you can understand at the time you join.

1. You have the right to be treated with dignity and respect at all times, to have all of your care kept private, and to get compassionate, considerate care. You also have the right to:

    - To get all of your health care in a safe, clean environment.
    - To be free from abuse. 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.
    - To be encouraged to use your rights in the Hope PACE program.
    - To get help, if you need it, to use the Medicare and Medicaid grievance and appeal processes, and your civil and other legal rights.
    - To be encouraged and helped in talking to Hope PACE staff about changes in policy and services you think should be made.
    - To use a telephone while at the Hope PACE Center for private conversations in the local calling area.
    - To not have to do work or perform services for the Hope PACE program.

2. 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/ethnic origin, religion, age, sex, sexual orientation, mental or physical ability, or source of payment for your health care (for example, Medicare or Medicaid).

3. You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions. Specifically, you have the right:

    - To have someone help you if you have a language or communication barrier so you can understand all information given to you.
    - To have Hope PACE 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 Participant Rights in English and in any other frequently used language in your community. You can also get these materials in Braille, if necessary.

- To get a written copy of your rights from Hope PACE. Hope PACE must also post these rights in a public place in the Hope PACE Center where it is easy to see them.
- To be fully informed, in writing, of the services offered by Hope PACE. This includes telling you which services are provided by contractors instead of the Hope PACE staff. You must be given this information before you join, at the time you join, and when there is a change in services.
- To look at the results of the most recent review of Hope PACE by federal and state agencies. You also have a right to review how the Hope PACE plans to correct any problems that are found at inspection.

4. You have the right to choose a health care provider within the Hope PACE's 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 also have the right to receive care in all care settings, up to and including placement in a long-term care facility when Hope PACE can no longer maintain you safely in the community.

5. You have the right to get emergency services when and where you need them without the Hope PACE'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 quickly getting much worse. You can get emergency care anywhere in the United States.

6. 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. Specifically, 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 Hope PACE 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 plan of care. You can ask for your plan of care 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.

- To fully understand Hope PACE's palliative care, comfort care and end of life services. Palliative care is specialized medical care focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve the quality of life for both the participant and the family. Palliative care is provided by a team of doctors, nurses, social workers, and other professionals who work together to provide an extra layer of support and symptom management. It is appropriate at any age and at any stage in a serious illness and can be provided alongside curative treatment. Palliative Care does not limit any curative treatment options. Hope PACE provides palliative care when needed to all participants. Palliative services include the following:

    - Symptom Management: Relief from pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, and difficulty sleeping.
    - Emotional and Spiritual Support: Support for emotional and spiritual concerns.
    - Coordination of Care: Coordination with other healthcare providers to ensure comprehensive care.
    - Support for Caregivers: Providing assistance and guidance to family members and other caregivers.

  Comfort Care/End of Life care is a special kind of care that focuses on a person's quality of life and dignity as they near the end of their life. Comfort Care/End of Life care discussions are initiated when the time has come to consider focusing on managing symptoms and quality of life, and discontinuing curative treatments when they are no longer expected to be beneficial and could potentially be harmful due to the advanced stage of the illness. Before these services can start, we will explain all your treatment options, give you written information about these options, and get written consent from you or your designated representative.

7. 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 and to request amendment to the records. Your written consent will be obtained for the release of any information from your records and that written consent will limit the degree of information and the persons to whom it is given.

8. 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 Hope PACE. You have the right to a fair and timely process for resolving concerns with Hope PACE. Specifically, you have the right:

- To a full explanation of the grievance process.
- To be encouraged and helped to freely explain your complaints to Hope PACE staff and outside representatives of your choice. 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 Hope PACE staff or contractors.

9. If, for any reason, you do not feel that the Hope PACE is what you want, you have the right to leave the program at any time. Hope PACE will assist you as needed in contacting the local Medicaid office before you leave the program to see if your Medicaid benefits will change.

10. You have the right to report any violations of your Rights or if you think you have been discriminated against. You may report this by:

    - contacting any Hope PACE staff member to help you resolve your problem
    - calling the Office for Civil Rights at (866) 627-7748
    - calling (800) MEDICARE or (800) 633-4227
    - calling the PACE Project Manager of the Florida Department of Elder Affairs at (850) 414-2000

12. Participant and Caregiver Responsibilities

The services of Hope PACE depend on the involvement of you, the participant, and your family. Your Interdisciplinary Care Team will work closely with you to be sure that your health care needs are met to the greatest degree possible. In order to do that, participants and caregivers have the following responsibilities:

1. To be involved with the planning of your care.
2. To cooperate with the care plan developed especially for you.
3. To use only providers authorized by Hope PACE.
4. To take your medications as the Hope PACE physician orders.
5. If you have an emergency, that you follow the specific Hope PACE Emergency plan developed for you.
6. To use the hospitals chosen by Hope PACE for all non-emergency hospital care.
7. If you are away from home and an emergency arises, that you notify Hope PACE within 24 hours or as soon as you possibly can.
8. If you wish to disenroll from Hope PACE, you must provide a written or verbal notice of your wish to leave the program.
9. You must pay any monthly fees on time and maintain Medicaid financial eligibility.
10. To notify Hope PACE if you are injured by someone else's actions, such as being involved in an automobile accident.
11. To let Hope PACE know as soon as possible, when you are not satisfied with care or services.
12. To exhibit conduct and behavior that does not endanger you, other participants, or Hope PACE staff.
13. To notify Hope PACE if you move or have a lengthy absence from our service area.

Note: Failure by participants and/or their caregivers to adhere to "Participant and Caregiver Rights and Responsibilities" will result in a review by the Center Manager and/or Interdisciplinary Team and may be grounds for disenrollment.

13. Consumer Support and Advocacy

Participant Council
At Hope PACE, participants meet on a regular basis with a staff representative to offer suggestions about what they like about Hope PACE and what they feel can be better. Participants have the right to make suggestions to the staff about their care, the Hope PACE Center, and the program and are encouraged to do so at any time.

Consumer Advisory Council
Family, caregiver, and participant representatives are selected by a nominating committee and then brought before the Hope Hospice and Community Services Board of Directors for approval. An insert listing your representative's information will be given to you at the family conference for enrollment. A listing of family/caregiver representatives will also appear in each newsletter along with instructions on how to send correspondence to them.

As consumers, participants and their families and caregivers know the kinds of things that help Hope PACE be the best that it can be. You are our biggest supporters, and we depend on your input to keep us on the right track.

At quarterly meetings, the Council discusses such items as participant rights and responsibilities, quality of care, changes in regulations, consumer communications, program policies, and program structure. The Council's recommendations are then presented to Hope PACE Program Director and the Hope Hospice and Community Services Board of Directors. These recommendations help us to serve you better and keep you satisfied.

Participant Grievance Procedure
We want to be sure that all Hope PACE participants are satisfied with the care that they receive. Please let us know right away if there is a problem or concern about care or if you feel you are not receiving services that you need.

A grievance is considered any expression of dissatisfaction, either written or oral, expressed by the participant, the participant's family member, or the participant's legal representative with the service delivery or quality of care furnished by Hope PACE, whether medical or non-medical in nature.

You have the right to file a grievance about anything. Here are a few examples:

- The quality of services you receive in the home, at the Hope PACE Center, or in any inpatient stay (hospital, nursing home, etc.)
- Mistakes you feel have been made
- Behavior of any of your care providers or program staff
- Adequacy of center facilities
- Quality of food provided
- Transportation services

You may file a grievance with any staff member, either verbally or in writing, at any time. You may file a grievance within one year after the date of occurrence that initiated the grievance. Written correspondence may be submitted to the attention of your PACE Center Manager in person or by mail to the address of the Center which you attend.

- ❑ 3280 Tamiami Trail, Ste. 45-47
  Port Charlotte, FL 33952
- ❑ 2668 Winkler Avenue,
  Fort Myers, FL 33901
- ❑ 1333 Santa Barbara Blvd, Bldg A
  Cape Coral, FL 33991
- ❑ 13020 Livingston Road
  Naples, FL 34109
- ❑ 1201 Wings Way
  Lehigh Acres, FL 33936

You may also contact Hope PACE by telephone by calling (239) 985-6400, toll free (866) 659-7223 or hearing impaired (800) 995-8771.

If you file a grievance, you will continue to receive services the same as before you filed the grievance or according to your plan of care. Hope PACE employees will not discuss your grievance with other participants or anyone else not involved with investigating your grievance.

Once you or your family member have filed a grievance, Hope PACE will acknowledge to you in writing receipt of your grievance and provide to you the specific steps, including the time frames for response that will be taken to resolve the grievance.

It is the responsibility of our Center Manager to investigate and seek a resolution of the grievance as soon as possible but no later than 30 business days from the date the grievance is received by Hope PACE. The grievance and the resolution to the grievance will be discussed by the Interdisciplinary Care Team and a final decision will be sent to you in writing.

If you are not satisfied with Hope PACE's decision regarding your grievance you may request that it be reconsidered. If you have Medicare, you can contact the regional Medicare Quality Improvement Organization (QIO) and file a written complaint. Your social worker or any PACE staff can assist you in the process.

If you are not eligible for Medicare, but are Medicaid-only eligible, Hope PACE will assist you in further investigation of your grievance.

Appeal Process Overview

If Hope PACE denies your request for a service, for payment of a service, or if you are involuntarily disenrolled from the Hope PACE program, you have the right to file an appeal. You will be given written information on how to file an appeal at enrollment, at least annually thereafter, and whenever we deny a request for services or payment. You or your family or caregiver may request information on our appeal process at any time.

If you file an appeal, you will continue to receive the health care services the same as before you filed the appeal. However, if the appeal does not favor you, then you will be responsible for payment of the services in question. Hope PACE employees will not discuss your appeal with anyone not involved in investigating your appeal.

If Hope PACE denies either a service you requested or payment for a service you received, you may file an appeal either verbally or in writing. You or your family or caregiver may file an appeal by telephoning the Hope PACE Center between the hours of 8:00 a.m. – 5:00 p.m., by indicating your desire to file an appeal in person at the Hope PACE Center, or by sending a letter to Hope PACE at the following address:

Hope PACE
Attn: Program Director
2668 Winkler Avenue
Fort Myers, FL 33901
(239) 985-6400, toll free: (866) 659-7223 or hearing impaired: (800) 995-8771

Your appeal will be evaluated by someone who will be an impartial, appropriately credentialed third party who was not involved in the original decision and who does not have a stake in the outcome of the appeal. You or your family or caregiver may present or submit relevant facts and/or evidence for review, either in person or in writing to us, for consideration during the appeal process.

A decision on your appeal will be made as expeditiously as your health condition requires but no later than 30 calendar days after receiving your request for an appeal.

If you believe that your life, health or ability to regain maximum function would be seriously jeopardized if the disputed service is not provided, you may request an expedited appeal. The objective third party will review your case immediately and respond back to you within 72 hours. If we are able to show to you that we need more

time to review the case and your health is not in danger we may require up to 14 days to review your expedited appeal.

The Decision on Your Appeal
Whether a standard appeal or an expedited appeal, if the decision is favorable to you, we will notify you and arrange for you to get the service or payment in question as quickly as your health condition requires.

External Appeals
If the appeal is not decided in your favor for a service or payment of a service, you have additional appeal rights, called external appeal rights. Your request to file an external appeal can be made either verbally or in writing. An external appeal involves a new and impartial review of your case through either the Medicare or Medicaid program. The Medicare program contracts with an independent review organization to provide external review on appeals involving PACE organizations. This review organization is completely independent of Hope PACE.

The Medicaid program conducts their next level of appeal through the state's fair hearing process. Until you receive the final decision, you may choose to continue to receive these services; however, you may have to pay for these services if the decision is not in your favor.

If you are enrolled in both Medicare and Medicaid, you may choose which appeals process you wish to follow. If you are not sure which program applies to you, ask us. You must choose either Medicare or Medicaid. The External Appeal may only be made to one or the other, (Medicare or Medicaid), but not both. Hope PACE can help you choose which external appeals process to pursue.

If you are enrolled in both Medicare and Medicaid or Medicare only, you may choose to appeal using Medicare's external appeal process. We will send your appeal to a separate review panel that Medicare has designated as the agency for reviewing external appeals.

This Medicare designated agency for external appeals will either maintain our original decision or change our decision and rule in your favor. You will get a decision within thirty (30) days after you request the appeal.

If the Medicare designated agency's decision is in your favor, we must give you the service as quickly as your health condition requires OR if you have requested a payment for a service that you have already received, we will pay for the service.

If the Medicare designated agency's decision is NOT in your favor, there are further levels of appeals, and we will assist you in pursuing your appeal further if you chose to do so.

For reviews to Medicaid, the appeal should be sent within 30 days to:

Department of Children and Families
Office of Appeals Hearings
1317 Winewood Blvd.
Building 5, Room 255
Tallahassee, FL 32399-0700

Phone: (850) 488-1429

The Department of Children and Families (DCF) will respond with a written notice telling you of the result of your appeal. If the DCF's decision is in your favor, Hope PACE will provide or pay for the service in question as quickly as your health requires, but no later than 30 days after the decision.

14. Termination of Benefits

Your benefits from Hope PACE can be stopped if you choose to give up your enrollment in the program. If you decide to give up these benefits, you have done it "voluntarily" or on your own. If you no longer meet the conditions of enrollment, you will give up the benefits "involuntarily."

You must still use Hope PACE services and pay the monthly charge, if there is any, until your time of being a participant is over. At least thirty (30) days written notice is needed to get you back into the Medicare and/or Medicaid program. If you are in the hospital on the date of your planned disenrollment, your Hope PACE benefits will continue until the next disenrollment period.

NOTE: You cannot disenroll from Hope PACE by going to the Social Security office. You must tell Hope PACE you want to leave the program.

Voluntarily Leaving Hope PACE
If you want to cancel your benefits by leaving Hope PACE, you should talk about it with a Team member at the Hope PACE Center. You may leave for any reason at any time. However, please let us know either verbally or in writing. If you tell us verbally of your wish to disenroll, you must sign a disenrollment form. Hope PACE will disenroll you as soon as possible, but we need time to coordinate your health care outside of Hope PACE with community providers so that your health needs may continue to be met.

Involuntarily Leaving Hope PACE
Hope PACE can stop your benefits by giving you thirty (30) days' notice in writing if:

- You move out of Hope PACE's service area for more than thirty (30) days unless the absence is due to circumstances beyond your control and you have notified us in writing; or
- You and/or your family/caregiver consistently do not follow instructions for your plan of care and/or the terms of your enrollment agreement thereby threatening your health and safety; or
- Your behavior threatens the health and safety of others; or
- You do not pay or have not worked out some way to pay any money due Hope PACE after the thirty (30) day grace period; or
- You no longer meet nursing home level of care eligibility; or
- Hope PACE loses the contract with Medicare and/or Medicaid and/or licenses which make it possible to give health care services.

The effective date to all rights to benefits will stop at midnight of the last day of the month following the end of the thirty (30) day notice period. You must use Hope PACE services until your leave time is official.

Whether your disenrollment is voluntary or involuntary, Hope PACE will do its best to make sure you receive care for services in other Medicare and Medicaid programs that you are eligible for. We will work with the Medicare and Medicaid agencies by making your medical records available to your new care providers in a timely manner.

If you had additional health care coverage through a Medigap policy, you may be eligible to reapply for that policy when you disenroll from Hope PACE. We will help you with this process.

You have the right to a fair hearing any time services are denied, reduced or terminated. Hope PACE cannot take your benefits away until the State makes its decision.

15. Renewal Provisions

If you choose to leave Hope PACE (voluntarily), you may get back in if you reapply; however, you must still meet the eligibility requirements. If you leave involuntarily because you did not pay your monthly bill, you may reenroll simply by paying the bill. However, you must make this payment before the end of the last month that you are able to get any services from Hope PACE or you may have to begin the application process over again. If you pay your bill on time, your coverage will begin starting on the first day of the next month.

16. Confidentiality Statement

At Hope PACE, we will respect your privacy concerning information about your health and will protect information that identifies you along with your medical condition. Any contract providers who care for you must also protect and respect your privacy concerning your health information as part of their agreement with us.

Your medical records will only be given to those who are authorized to receive them. This will include necessary disclosures resulting from court orders and any state or federal laws.

Because Hope PACE recognizes your privacy rights, we also ask that you and your caregivers be sensitive to the privacy rights of other participants and caregivers.

17. Definitions

Hope PACE - means the Program of All-inclusive Care for Elderly operated in Charlotte, Collier and Lee counties. This is a program certified under Medicare and Medicaid to provide health and health-related care to older people who live in the service area. This care is on a prepaid basis and is given to people who are eligible for nursing home care. The words "we", "our", "us" also mean Hope PACE.

Hope PACE Doctor - means a doctor who either works for Hope PACE or has signed an agreement with Hope PACE to provide medical care services.

Benefits and Coverage - means the health and health related services we give to you after you sign the Enrollment Agreement. You must sign this agreement to be a Hope PACE participant. These services take the place of the care and medicine you would usually get through Medicare and/or Medicaid. This is done through a special arrangement between Hope PACE, Medicare (Centers for Medicare and Medicaid Services) and Medicaid (Florida Agency for Health Care Administration). Hope PACE gives you the same benefits you would receive under Medicare/Medicaid. To get any benefits from Hope PACE, you must meet the conditions that are in the Participant's Enrollment Agreement.

Eligible for Nursing Home Care - Means that your health condition, which your Hope PACE Interdisciplinary Care Team checks, meets the State of Florida nursing home rules for placement.

Enrollment Agreement Signature Sheet - is the form you must sign before you can be a Hope PACE participant. After you sign this agreement, you will get Hope PACE services until you voluntarily or involuntarily end your enrollment and participation.

Emergency Medical Condition - is a medical condition manifesting itself by acute conditions 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 medical attention to result in the following: (1) serious jeopardy to your health, (2) serious impairment to bodily function, or (3) serious dysfunction of any bodily organ or part. Examples of emergencies include problems breathing, chest pains, or bleeding that is hard to stop.

Health Services - mean services such as medical care, diagnostic tests, medical equipment, appliances, drugs, prosthesis and orthotic devices, nutritional counseling, nursing, social services, therapies, dentistry, optometry, and audiology. Health Services may be given in the Hope PACE Center or at home. You may also be given these services in the offices of specially trained people or in hospitals or nursing homes that have agreements with Hope PACE to provide health care services to Hope PACE participants.

Health-Related Services - means the services which help Hope PACE give health services to you and help you keep your independence. Such services include personal care, homemaker/chore attendant, recreational therapy, escort, transportation, home-delivered meals, financial management, and help with housing problems.

Hospital Services - mean those services which are usually given in general medical-surgical hospitals.

Monthly Charge - means the amount you must pay if you are required, on the first (1st) day of every month to Hope PACE so you can get benefits as an enrolled participant.

Nursing Home - means a health facility licensed as a Nursing Home Facility by the State of Florida.

Participant - means anyone who is eligible and has signed the Enrollment Agreement signature sheet to receive health care services from Hope PACE. The words "you", "your", or "yours" also mean participant.

Care Team - means The Hope PACE interdisciplinary professional team which is made up of a doctor, social worker, registered nurse, pharmacist, home care coordinator, physical therapist, recreational therapist, occupational therapist, speech therapist, transportation coordinator and dietician. They will look at your medical, functional and psychosocial conditions and develop a treatment plan to give the care you need. Many of the services are given and checked on by this Team. All services you get must be approved by a member of your Interdisciplinary Care Team. From time to time, your Team will meet to talk about your needs, decide if your needs have changed, and change your treatment plan to meet these needs.

Enrollment Agreement - means the booklet that tells you about Hope PACE, who is eligible to be a Participant, how to enroll and how to cancel enrollment, what kind of care you will get, what your rights are, and all other rules and requirements of Hope PACE.

Service Area – Charlotte, Collier and Lee counties

Service Location - means any location in Charlotte, Collier or Lee counties where a participant is given health or health-related services which are listed in the Participant's Enrollment Agreement.

Urgent Care Services - are covered services provided to a participant who is temporarily absent from the Hope PACE service area, or, under some circumstances, provided to a participant who is within the service area but neither Hope PACE nor a Hope PACE contract provider is available or accessible. And, when such services are necessary and immediately required as a result of symptoms from an unforeseen illness, injury or condition in which the average layperson would reasonably believe would require such immediate attention.

Hope PACE®

A Chapters Health® Affiliate

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