



Enrollment Agreement

Total Senior Care PACE Center is located at:

**519 North Union Street
Olean, New York 14760**

For general information, call:

(716) 379-8474

or (866)939-8613

TTY Voice for NYS (800) 421-1220

TTY National 711

- **What to do in an emergency:**

**Call 911 and notify Total Senior Care within
24 hours if possible**

by calling (716) 379-8474

or (866) 939-8613

**Someone will answer your call
seven days a week, 24 hours a day.**

Dear Participant:

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

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

Please review this document carefully. If you would like more information on anything covered here, or if you have any questions, please call your nurse, social worker, or any other member of the Total Senior Care Team. You will find telephone numbers on the inside cover of your enrollment agreement. They are all here to help you.

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

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

Sincerely,



Carol L. Mahoney
President & CEO

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1. What Is Total Senior Care?

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

We encourage our participants to take an active part in their own health care, and we offer comprehensive care that is easy-to-access in your home and community. Once you enroll in Total Senior Care, all necessary services are provided and paid for by the program, regardless of how your needs may change. Working with you and your caregivers, the PACE team will develop a plan of care that outlines the services you will receive. Because they will get to know you and see you often, your Care Team can provide care that is personalized and updated on a regular basis so that it is responsive to your changing needs.

Your Total Senior Care Team: Once you choose to join Total Senior Care, you will work closely with your Care Team, a group of highly qualified professionals. The Care Team includes many different types of professionals who work closely together to meet your needs. Your Care Team includes a primary care doctor, registered nurse, social worker, physical therapist, dietitian, occupational therapist, recreational therapist, personal care workers, and others. Your Care Team will also work closely with the staff that provide home care services, as well as staff in hospitals and nursing homes, if you need care in one of these settings. They will also arrange for you to see specialists, if you

need their services. Your Care Team will be available to answer your questions and assist you at all times.

The Total Senior Care Center: As a participant of Total Senior Care, you will be assigned to the Total Senior Care Center at 519 Union Street, Olean, New York 14760, and may receive many of your services at that location. Your Care Team is based at the Center and will decide with you how often you will visit the Center to receive services provided there.

In addition to the Total Senior Care Center, you may also receive services at an Alternative Care Setting like a day program. The alternative care setting is a physical location in the Total Senior Care service area where you can receive Center services in your plan of care that supplement those provided at the Total Senior Care PACE Center in Olean.

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

You can reach Total Senior Care anytime, 24 hours a day, 365 days a year. For information and help you can call (716) 379-8474 or (866) 939-8613. For hearing impaired telephone assistance in NYS call TTY (800) 662-1220 or the TTY national phone number for assistance is 711.

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

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

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

- You are 55 years old or older.
- You live in the Total Senior Care service area of Allegany County, Cattaraugus County or Chautauqua County.
- You are eligible for nursing home care but choose to remain at home with assistance at the time you enroll. The Total Senior Care Team will assess if you need ongoing help with day-to-day activities, such as bathing, dressing, walking or preparing food, in order to determine your eligibility for Total Senior Care.
- You require community based long term care services for more than 120 days. The Total Senior Care Team will meet with you to evaluate your needs.
- Your Care Team determines that at the time you enroll, you can safely live in your home and your health care needs can be safely met through the services provided by Total Senior Care.
- You are not currently enrolled in any Home and Community-based waiver program or a facility. If you are, you must be discharged from that facility or program before you can be accepted for Total Senior Care.
- You agree to use a Total Senior Care primary care provider who is a member of your Care Team. Your primary care provider in our program will then coordinate your physician care visits to other medical specialists and other medical services with other members of the Care Team.

- You sign an *Authorization for Release of Medical Information* that allows your care team to share your medical record with other providers of the Total Senior Care Network. This will ensure that we can provide you with the best possible care.

You or a member of your family can call Total Senior Care directly to inquire about enrollment in the program. You may also be referred from New York Medicaid Choice or a health care provider (such as a nurse, social worker, or physician). Once we know that you may be interested in the program, we will reach out to you to begin the enrollment process, which is described below:

1. First, a Total Senior Care Team member will talk to you about the program to be sure that you are interested or need the types of services offered by Total Senior Care. We will also check at this time to be sure that you are enrolled in Medicare and/or Medicaid. If you do not have Medicaid, the team member will talk with you or your caregiver about your willingness to seek eligibility for Medicaid or to pay privately to join the program.
2. Before continuing the enrollment process you will need to schedule a visit by New York Medicaid Choice to be assessed by a nurse to determine if you are clinically eligible and meet the criteria for admission into the PACE program.
3. New York State has partnered with a company called Maximus to serve as the independent and conflict-free entity providing evaluations, education and enrollment services. If you are a Medicaid beneficiary (or are pending Medicaid) and wish to enroll in PACE, you must contact the Conflict-Free Evaluation and Enrollment Center (CFEEC) at (855)222-8350 to arrange for a CFEEC nurse to visit you to determine your eligibility.
4. If you are interested in hearing more about the program, a visit to the PACE Center or an alternative care site will be arranged for you. This visit will provide you with a good idea of how our program works, so you can decide if it is the right program for you.
5. If it is determined that you qualify for PACE you will then meet with the Care Team staff, who will talk with you about your health, your care needs, your preferences, and your goals for care. The Care Team staff will also start to

assess your needs and begin to develop a Plan of Care for you, based on the information you provide and their professional assessment. This Plan of Care will provide you with a list of the services you will receive once you are a participant of Total Senior Care.

5. You will also be visited at home by our intake team. During the visit, the team will assess your needs and discuss the program with you and your family to be sure that you understand how Total Senior Care works. You will be asked to sign the “Medical Release of Information” form, so that Total Senior Care can obtain information and input from your current doctor and other health providers. We want to know as much as possible about your needs so that we can provide the services that are best for you.
6. If the Care Team determines that you are eligible for Total Senior Care, then you have an important decision to make. If you wish to enroll, you will be asked to sign the enrollment application/agreement. Before you make this decision, we will be sure you understand the following:
 - The Plan of Care recommended based upon your assessment, which will outline the services you will receive when your enrollment takes effect.
 - Your tentative attendance schedule at the PACE Center and/or Alternative Care Setting to receive services.
 - Your monthly fees to Total Senior Care, including but not limited to any Medicaid surplus that you owe as a condition of your Medicaid eligibility.
 - For enrollees who are not yet Medicare eligible, should you become Medicare eligible, your Medicare benefits will be assigned to and received from Total Senior Care PACE.

The Enrollment Application/Agreement is then sent to Maximus to begin benefit coverage. Benefit coverage for Medicaid recipients may begin on the first day of the subsequent month if Medicaid requires additional time to add you to the PACE program roster. We will confirm your actual enrollment date by telephone as soon as possible – usually a few days before your participation begins. Once you are a participant, your Care Team will ensure that you get all the services that are outlined in your plan of care.

Enrollment in Total Senior Care is completely voluntary. If you decide that you are no longer interested in the program, you can request disenrollment from the program at any time. Total Senior Care will then assist you to reinstate your Medicare or Medicaid benefits. However, if you wish to continue receiving home and community-based services under Medicaid you will be referred to New York Medicaid Choice so you can choose another Medicaid managed long term care plan as soon as possible to avoid loss of services.

If you have not met all of the Total Senior Care eligibility criteria, your enrollment will be denied. There are only a few reasons why enrollment would be denied.

- You are not at least 55 years old.
- You do not live in the Total Senior Care service area.
- You are not currently eligible for Medicaid or Medicare, and do not wish to pay privately for the program.
- You are not eligible for nursing home care at this time, based on an assessment of your health.
- You are not expected to require long-term care services from a community based long term care program for more than 120 days.
- Your health care needs cannot be safely met in your home and community at the time of enrollment.
- You were involuntarily disenrolled from Total Senior Care in the past, and the situation that led to your disenrollment has not been resolved.

If your enrollment in Total Senior Care is denied for any of the above reasons, this determination will be confirmed by New York Medicaid Choice and you would have the right to appeal a denial of enrollment. If you are a Medicaid recipient, you have the right to a fair hearing to appeal a denial of enrollment. You will be sent instructions for requesting a fair hearing. If you have only Medicare, you may make a complaint to the New York State Department of Health, Bureau of Continuing Care Initiatives at (866) 712-7197 (toll free).

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

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

1. You will receive a wide range of covered services from Total Senior Care.

These services are listed in Section 4, and they include all of the services you would have been eligible to receive through Medicare and/or Medicaid, plus additional services to help you. They are provided to you at the PACE Center, alternative care setting, in your home, and at other provider locations in the community. You will receive many services from your Care Team, including primary medical care from your physician, nursing, rehabilitation therapies (physical therapy or occupational therapy), social work, and nutrition. For other services, the program works closely with providers in the local area to be sure you get the care you need.

2. Your Care Team will be sure you get all the services that are outlined in your Plan of Care.

The services you get from Total Senior Care are based on a Plan of Care (which is discussed in detail in Section 5 of this Enrollment Agreement.) This plan is updated periodically, based on your Care Team's assessment of your health needs. You have an important part in this process. If you feel you need a service that is covered by Total Senior Care, please talk with your Care Team.

3. Your primary care provider will be at the Center or in his/her community-based office, and is a key member of our Care Team. Your primary care provider will see you frequently to make sure that your chronic illnesses are being cared for. The primary care provider will also see you if you become sick; and in cooperation with other participants of your Care Team, the primary care provider will write medical orders for the services that require it in your plan of care. Your primary care provider will also oversee referrals to other medical and healthcare providers, as well as other services such as home care and any admission to the hospital.

4. You will be assigned a Care Team at the Total Senior Care Center. You will be encouraged to receive services from your Care Team on a scheduled basis. You may receive Center services at an alternative care setting that supplement those offered at the Total Senior Care Center. All of the staff on your Care Team will work closely together with you to be sure that you receive the services you need. If your needs change, the Care Team will work together to assess your changing needs and make sure that your care plan is modified as necessary. Your visits to the PACE Center and alternative care settings help us make sure that you remain as healthy and strong as possible.

5. Total Senior Care uses a network of community providers to deliver some of the services you receive in our program. Some of the program's services are provided by other providers in your community. These include but are not limited to home care, hospital care, nursing home care, medications, and medical specialists. You will receive a directory that lists all of the providers that Total Senior Care works with before you join the program. You must receive all services covered by Total Senior Care from the providers in our provider network. Our Care Team will help link you to these services by making appointments for you, providing transportation, and talking with these providers to be sure you are always getting the care you need. (In an emergency, you are permitted to see a provider who is not in the Total Senior Care provider network. Refer to page 32 for more information on what to do in an emergency.)

6. Your prescriptions will be filled at a pharmacy that is in the network. After you enroll in Total Senior Care, your enrollment card will also serve as your prescription card and will be recognized by the Total Senior Care network pharmacy(s).

7. You will no longer use your Medicaid or Medicare card. Instead, you will use the Total Senior Care card for most of your services. If you do not have Medicare at the time of enrollment, by joining Total Senior Care you agree to receive all Medicare benefits through Total Senior Care when you become Medicare eligible.

8. If your county's Department of Social Services determines that you have a Medicaid surplus, you will be responsible for paying this amount to Total Senior Care. You will get a bill from us each month for the amount you owe. Please talk with your Care Team about this condition of your participation. And if you do not have Medicaid, then you will be required to pay privately for a portion of your monthly premium in order to enroll.

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

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

Total Senior Care covers all services that are necessary. We want to understand your needs, so that we can provide specific services to help you.

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

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

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

There is a wide range of services available to you in Total Senior Care, including all of the services that you could receive from Medicare or Medicaid. In some cases, we provide services in a different way than traditional health insurance – but we will always be sure that your plan of care includes the services that you need. Here is a list of the services that will be available to you as a participant in the Total Senior Care program:

PACE Center Services

- Team-based approach to Care Management
- Primary Care Medical Services (Physician and Nurse Practitioner services) – or at your community-based physician’s office.
- Nursing services
- Women’s services
- Social Work services
- Nutritional counseling
- Spiritual or pastoral counseling
- Preventive services (annual flu shots, screenings, and vaccinations as needed)
- Rehabilitation therapies (Physical, Occupational, and Speech Therapy)
- Foot care (podiatry)
- Eye care (optometry) and eyeglasses
- Recreational Therapy
- Personal care and supportive services
- Educational and recreational activities
- Congregate and/or home-delivered meals
- Medical equipment and supplies
- Respiratory therapy and oxygen
- Round trip transportation to the Total Senior Care Center

Outpatient Medical Services

- Medical specialty services
- Dental care
- Mental health services
- Alcohol and substance abuse services
- Eye care including eye exams, low-vision care, and glasses
- Foot care
- Hearing exams and hearing aids
- Prosthetics and orthotics
- Medications
- X-Rays, Lab services, and other diagnostic services
- Renal dialysis

Hospital Inpatient and Emergency Services

- Semi-private room and board*
- General medical and nursing services
- Private duty nursing, if needed
- Medical, surgical, intensive care, and coronary care unit services
- Laboratory tests, x-rays, and other diagnostic procedures
- Drugs and biologicals

- Blood and blood derivatives
- Medical supplies
- Surgical care, including the use of anesthesia
- Physical, speech, occupational and respiratory therapies
- Prosthetics and orthotics
- Medical social services and discharge planning
- Ambulance and emergency room services
- Psychiatric, alcohol, and substance abuse services
- Spiritual or pastoral counseling

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

Nursing Home Care

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

- Medical supplies and appliances
- Respiratory therapy and oxygen
- Spiritual or pastoral counseling

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

Home Care Services:

- Nursing services
- Rehabilitation therapies
- Physical therapy (PT)
- Occupational therapy (OT)
- Speech therapy (ST)
- Respiratory therapy and oxygen
- Medical social services
- Spiritual or pastoral counseling
- Personal care and home health aide services
- Homemaker and chore services
- Nutritional services and home-delivered meals

- Durable medical equipment
- Medical supplies
- Personal Emergency Response System (PERS)
- Environmental supports, such as home safety modifications
- Consumer Directed Personal Assistance Services (CDPAS)

Other Services (Provided as needed)

- Adult Day Services in Alternative Care Settings
- Prescription medications and over-the-counter drugs
- Transportation to all health appointments

- ***Money Follows the person (MFP)/Open Doors Program***

MFP/Open Doors is a program that can help enrollees move from a nursing home back into their home or residence in the community. Enrollees may qualify if they: have lived in a nursing home for three months or longer; and/or have health needs that can be met through services in their community.

MFP/Open Doors has people, called Transition Specialist and Peers, who can meet with enrollees in the nursing home and talk with them about moving back to the community. Transition Specialists and Peers are different from Care Managers and Discharge Planners They can help enrollees by: giving information about services and supports in the community; finding services offered in the community that help enrollees be independent; and/or visiting or calling contacting enrollees after they move to make sure that they have what they need at home.

For more information about *MFP/Open Doors*, or to set up a visit from a Transition Specialist or Peer, call the New York Association on Independent Living at 1-844-545-7108, or email mfp@health.ny.gov. You can also visit *MFP/Open Doors* on the web at www.health.ny.gov/mfp or www.ilny.org.

Some people find it easier to view this kind of information in a chart. The table below includes a list of all the services you may receive from Total Senior Care, and the likely locations where they could be provided.

SERVICE	PACE CENTER	HOSPITAL	COMMUNITY BASED OFFICE or OUTPATIENT	NURSING HOME	HOME CARE	ALTERNATIVE CARE SETTING
Care management by interdisciplinary team	✓	✓	✓	✓	✓	✓
Primary Care	✓	✓	✓	✓		
Medical care from specialists	✓	✓	✓			
Nursing services	✓	✓	✓	✓	✓	
Social work services	✓			✓	✓	✓
Nutritional counseling	✓			✓	✓	✓
Rehabilitative therapies (physical, occupational, and speech therapy)	✓	✓	✓	✓	✓	
Respiratory therapy and oxygen	✓	✓		✓	✓	
Medical equipment	✓	✓		✓	✓	
Medical supplies	✓	✓		✓	✓	

SERVICE	PACE CENTER	HOSPITAL	COMMUNITY BASED OFFICE or OUTPATIENT	NURSING HOME	HOME CARE	ALTERNATIVE CARE SETTING
Recreational therapy, educational activities, social activities	✓			✓		✓
Personal care services	✓			✓	✓	✓
Meals	✓	✓		✓	✓	✓
Chore/housekeeping services					✓	
Round-trip transportation by ambulette or ambulance, as needed	✓	✓	✓			✓
Dental care			✓	✓		
Eye care, including low-vision care, eyeglasses, etc.	✓		✓			
Podiatry	✓	✓	✓			
Audiology/Hearing aids			✓			

SERVICE	PACE CENTER	HOSPITAL	COMMUNITY BASED OFFICE or OUTPATIENT	NURSING HOME	HOME CARE	ALTERNATIVE CARE SETTING
Prosthetics and Orthotics			✓	✓		
Mental health services		✓	✓			
Alcohol/substance abuse services		✓	✓			
Hospital Inpatient services (including semi-private room, board, surgical services, all related supplies and equipment)		✓				
Lab tests, x-rays, and diagnostic procedures	✓	✓	✓	✓	✓	
Prescription and non-prescription drugs	✓	✓	✓	✓	✓	
Environmental supports and home modifications					✓	
Personal emergency response system (PERS)					✓	

SERVICE	PACE CENTER	HOSPITAL	COMMUNITY BASED OFFICE or OUTPATIENT	NURSING HOME	HOME CARE	ALTERNATIVE CARE SETTING
Nursing home care (including semi-private room, board, and all related supplies, equipment, and services)				✓		

All of the services outlined in this section are provided by the staff at Total Senior Care and its Provider Network. Many of the services will be provided by your Care Team at the PACE Center, the alternative care setting, or in the comfort of your home. When you need to receive services from a provider in the PACE network, our staff will assist you every step of the way. For example, your Care Team will work with you to make appointments with the providers, arrange for round-trip transportation, and will then follow-up with the provider to be sure that their treatments or recommendations are followed. Our Provider Network includes medical and dental specialists and other providers who have been selected because they understand the needs of frail elderly persons. Their information is listed in your Provider Directory.

Exclusions and Limitations

Total Senior Care does not cover any services that are not authorized by the Care Team, even if it is a covered service, unless it is an emergency.

Participants may be liable for the cost of unauthorized or out of PACE program agreement services. Total Senior Care does **not** cover the following services:

1. Inpatient facility private room and/or private duty nursing services (unless Medically Necessary).
2. Non-medical items for personal convenience in a hospital or nursing home such as telephone charges and radio and television rental (unless specifically authorized by the Care Team as part of the plan of care).
3. Cosmetic surgery, except for surgery that is required for improved functioning of a malformed part of the body resulting from an accidental injury. Reconstruction following mastectomy may be covered.
4. Experimental medical, surgical, or other health procedures.
5. Services furnished outside of the United States and all of its territories, except in limited emergency circumstances.

We Speak Your Language

As a Total Senior Care participant, you can get important information in the language you understand best. For example, this Enrollment Agreement and other health information can be made available in Chinese or Spanish. Staff will also arrange translator services as required to help you communicate with Total Senior Care on any matter.

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

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

To develop your Plan of Care, your Care Team also talks with you and your family about your needs and personal preferences. Your Plan of Care will be in writing, and your Care Team will give you a copy of it.

You are an important participant of your health Care Team, and it is important that you let us know what you need and whether you are satisfied with the care you are receiving from Total Senior Care. Also, if you believe you need a covered service or need to change your plan of care, you should always talk with your Care Team.

Can I Get Additional Services or Change My Plan of Care?

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

In addition, your Care Team will review and update your Plan of Care at least once every 6 months. They will also assess your needs and revise your plan of care whenever there is a significant change to your condition, such as after a hospitalization. When they update your Plan of Care, the Care Team will review your needs as a team, and will always discuss your services with you.

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

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

What If I Receive A Bill From A Provider?

As a participant of Total Senior Care, you are not responsible for paying for the necessary care that you receive from the program and its providers, as long as you follow the procedures outlined in this Enrollment Agreement. However, it is important to note that you may be liable for the cost of unauthorized or out-of-PACE program agreement services.

Remember, the Total Senior Care staff is available to assist you whenever you have questions. You will find their phone numbers listed at the front of this Enrollment Agreement.

6. Who Is Part Of My Total Senior Care Team?

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

Primary Care Provider: Your primary care provider is trained and experienced in the care of older adults. The primary care provider will get to know you and your medical history, and will become very familiar with all of your medical needs. This primary care provider will work closely with other members of your Care Team to design your Plan of Care and then provide you with the care you need. And if you need services from a medical specialist, or if you need to be admitted to a hospital or nursing home, your primary care provider will be in close contact with the specialist or the facility's staff in order to be sure that the care you receive is coordinated with all of the other services you receive from Total Senior Care.

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

Social Worker: Your social worker is experienced in caring for older adults. She or he will assess your need for additional community services or benefits, assist with housing issues, and other related support services that can affect your health. The social worker will help you understand Total Senior Care benefits and may provide counseling to you and/or your family. He/she works closely with other team members to help meet your goals.

Personal Care Aides: Whether you are at the PACE Center, the alternative care setting, or at home, most participants need assistance with certain daily tasks. When you are at home, a Personal Care Aide may come to the house to ensure that your day-to-day needs are met. The Personal Care Aide might help you take a bath or prepare your food. He or she might also assist you with dressing, housekeeping, or getting to a medical appointment. The Personal Care Aide is supervised by your Nurse or another registered nurse who provides home care to you.

Physical and Occupational Therapists. The Physical Therapist assesses each participant's need for physical exercises to address weakness due to injury or illness, strengthen muscles, and improve coordination, balance, and walking. The Physical Therapist may recommend equipment such as canes, walkers, and wheelchairs, as Medically Necessary, so that you can remain as independent and safe as possible. The Occupational Therapist assesses each participant's ability to carry out daily activities such as using the toilet, bathing, dressing, cooking, and getting around the house and neighborhood. The Occupational Therapist may offer recommendations in ways of performing daily tasks as modifications that can be made to your home that will help keep you safe.

Nutritionist: The Nutritionist will assess your nutritional needs, and will provide assistance if you need a special diet, such as a diabetic diet. The Nutritionist will arrange for your meals at the Center or the alternative care setting to meet your needs. If you have meals delivered to your home, the Nutritionist will also arrange for those meals to meet your nutritional needs. If you need help following special diets, or have other questions about purchasing or preparing food, you can ask the Nutritionist for assistance and information.

Recreational Therapist: The recreational therapist will plan recreation programs and individualized activities for you at the Center, the alternative care setting or at home that will provide mental, physical, emotional and social benefits to you. The Recreation Therapist will work with you to ensure that you find interesting and beneficial activities to enjoy.

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

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

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

- Your Care Team will help you to identify the appropriate specialist and will be sure that the specialist has information about your needs.
- Your Care Team will assist you to make an appointment. In addition, the program will make sure that round trip transportation to the appointment is also set up and provided to you.
- Your Care Team will follow up with the specialist after your appointment, so that we can be sure you receive any additional care that is needed.

A list of the providers who are in the Total Senior Care Network was given to you before you enrolled in the program. An additional copy is included in the participant folder that you received after your enrollment became effective, and you will receive an updated Provider Directory each year. Please ask your Care Team if you would like a new directory at any time.

8. Can I Continue To Use My Own Doctor?

This is an important change that will take place if you enroll in Total Senior Care. Total Senior Care is an all-inclusive program and the provider is an important member of the Care Team. When you become a participant of Total Senior Care, you will receive your primary medical care from a Total Senior Care provider who is part of the Total Senior Care team. Our program's primary care providers have been chosen for the skills and knowledge in the care of frail older adults, and commitment to working with other members of your Care Team. Also, if you need care from a specialist, Total Senior Care will arrange for you to see a doctor in our network. Please be assured that all providers are carefully selected and work closely together.

When you enroll in Total Senior Care, your Care Team will work with your current health care providers who may not be in our Provider Network to ensure that your transition to Total Senior Care providers is coordinated.

Total Senior Care includes a limited number of community-based physicians as primary care providers on the Interdisciplinary Team in order to offer participants a choice in providers and continuity of care.

In the event a community-based primary care physician no longer participates, participants who were under his/her care would be transitioned to another Total Senior Care Primary Care Provider or the Medical Director.

9. What Happens If I'm Hospitalized?

The Total Senior Care Network of Providers includes area hospitals, where you may receive a number of services, including:

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

If your primary care provider or a medical specialist determines that you need to be hospitalized, you will be required to use an in-network facility unless it is an emergency and/or you are away from the Total Senior Care service area. Your Care Team will assist you with admission to and discharge from the hospital and will work with your family and/or caregivers to make sure that you are safe and comfortable. In addition, whenever you are hospitalized, the program's Care Team will be in close contact with the physicians or facility staff who are providing care to you. As a PACE participant, the program will ensure that the services you receive are appropriate for your needs while you are in the hospital, and we will work with the hospital's staff to plan for your discharge back home. When you are discharged from the hospital, the program will ensure that you receive all the services you need to continue to recover from your illness or surgery.

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

10. What Should I Do in an Emergency?

Emergency Care

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

An **emergency medical condition*** is a health problem that happens suddenly or very rapidly, including a sudden illness or injury. To be considered an emergency, the problem will include pain or other symptoms that are so severe that an average person – that is, someone like a Total Senior Care participant without special knowledge of health or medicine – would believe that there would be serious consequences if he/she did not get immediate medical assistance.

These consequences could include serious jeopardy to your health, damage to your bodily functions or organs, or serious disfigurement. The official New York State definition of an emergency medical condition is “*An **emergency medical condition*** is a medical or behavioral condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: 1) serious jeopardy to the health of the individual, or in the case of a behavioral condition, placing the health of the person or others in serious jeopardy; or 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part of such person; or 4) serious disfigurement of such person.*”

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

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

Urgently Needed Care:

Total Senior Care provides Urgently Needed Services and care to stabilize your condition following an emergency, or when you have an unforeseen illness, injury, or condition. Fevers, abdominal pain, nausea and vomiting, and difficulties urinating are examples of situations that require Urgently Needed Services. Urgent care is needed when one **believes an illness or injury is too severe to postpone treatment but their life or function is not in severe jeopardy.**

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

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

Urgently Needed Care when Out of Service Area

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

If you are planning to go out of town, it is important that you notify your Care Team before you leave Total Senior Care's service area. Total Senior Care continues to be responsible for your health needs and will make arrangements for medically necessary care while you are away. However, payment for those services is not automatic, except in the emergency and urgent care situations described in this section. For all other services, you must get approval for your care in advance.

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

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

the cost of your emergency hospital care, medical care, or transportation by ambulance.

Please note that if you are away from the Total Senior Care service area for more than 30 consecutive days you will be disenrolled from the program unless Total Senior Care agrees to a longer period of absence due to special circumstances. See Section 12 for further information.

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

At any time you seek emergency care, or urgently needed care, REMEMBER TO:

- Tell all health care providers that you are a participant of Total Senior Care
- Call your Care Team whenever you require a service covered by Total Senior Care or need help in obtaining a service.
- Notify Total Senior Care within 24 hours or as soon as possible if you are admitted to a hospital.
- Call Total Senior Care in advance if you have an urgent care need.
- Bring your Total Senior Care participation card when you see any health care providers, or are admitted to an emergency department of a hospital.

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

If you are calling after the Total Senior Care Center is closed – during nights, weekends, or holidays – your call will be answered by the Total Senior Care On-Call service. The telephone number for the service is the same as our regular phone number: **(716) 379-8474 or (866) 939-8613**. For hearing impaired telephone assistance in NYS call TTY (800) 421-1220 or the TTY national phone number for assistance is 711. The On-Call service will connect you with a Registered Nurse who will assist you and answer your questions regarding your medical condition or other needs. The registered nurse will assist you in getting the care you need as quickly as possible.

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

The number to reach help is the same, whenever you call: (716) 379-8474 or (866) 939-8613 For hearing impaired telephone assistance in NYS call TTY (800) 421-1220 or the TTY national phone number for assistance is 711.

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

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

While you are away, you remain enrolled in Total Senior Care, and the program will continue to be responsible for your care. Please note that Total Senior Care does **not** automatically pay for services received outside its service area, even if they are the kind of services provided to you by Total Senior Care. Any services you receive, except for emergency services (see Section 10), must be approved by Total Senior Care, or we may not be responsible for payment for the services.

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

- If you receive emergency care while you are out of the area, you or someone you designate must contact Total Senior Care within 24 hours or as soon as possible to let us know about the emergency and provide us with information about the care you received and the location where you received services.

- If you have an urgent care need, you must call us before seeking care. For an urgent care need, it is our program's policy to respond to your request for services within one hour of the time you call us. If you do not get an answer from Total Senior Care within one hour, then you should seek urgent care from a local provider and Total Senior Care will cover this care. This rule applies 24 hours daily, 7 days a week.
- Please note that Total Senior Care will not pay for medical care outside of the United States and its territories, except in certain rare circumstances.

If you receive a bill for care received while outside the area for services, which were approved by Total Senior Care, forward the bills to your Care Team for processing. Keep a copy for your records. If you have paid for emergency or urgently needed care out of network, Total Senior Care will reimburse you. Please save all receipts and other documents that you receive from an out-of-town hospital or health provider, and review them with your Care Team. Some of these may be important for payment for your care.

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

Involving your Total Senior Care Team and our network of providers in your care is the best way to coordinate your health care needs. Stay in touch.

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

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

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

- To get all of your health care in a safe, clean environment.
- To privacy and dignity; this includes doors on exam rooms and appropriate clothing and linen to cover you during treatment.
- To be free from harm. This includes physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms or to prevent injury.
- To be encouraged to use your rights while you are enrolled in Total Senior Care.
- To get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, and your civil and other legal rights.
- To be encouraged and helped in talking to the program's staff about changes in policy and services you think should be made.
- To use a telephone while at the Total Senior Care Center or alternative care setting.
- To not have to do work or services for the Total Senior Care program.

You have a right to protection against discrimination. Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law. They cannot discriminate against you because of your race or ethnicity and national origin, religion, age, sex, sexual orientation, mental or physical disabilities, sexual orientation, and/or source of payment for your care.

If you think you have been discriminated against for any of these reasons, contact a staff member at Total Senior Care to help you resolve your problem. If you have any questions, you can also call the Office for Civil Rights at (800) 368-1019. TTY users should call (800) 537-7697.

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

- To have someone help you, so that you can understand the information that is given to you if you have a language or communication barrier.
- To have Total Senior Care interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you can't speak English well enough to understand the information being given to you.
- To get marketing materials and information about your rights as an enrollee in English and in any other frequently used language in your community. Our staff will also provide assistance to you, so you can understand your rights if you are visually impaired.
- To get a written copy of your rights from Total Senior Care. Our program will also post these rights in a public place in the PACE center where it is easy for you to see them.
- To be fully informed, in writing, of the services offered by the program. This includes telling you which services are provided by contractors instead of the program's staff. You must be given this information before

you join, at the time you join, and when you need to make a choice about what services to receive.

- To look at, or get help to look at, the results of the most recent review of Total Senior Care. Federal and State agencies review all PACE programs. You also have a right to review how the program plans to correct any problems that are found during the inspection.
- To communicate with health care providers in confidence and to have your health care information protected. You also have the right to review and copy your medical records and request amendments to your records.

You have a right to a choice of providers. You have the right to choose a health care provider within the Total Senior Care provider network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have a right to access emergency services. You have the right to get emergency services when and where you need them without the program's approval. A medical emergency is when you think your health is in serious danger - when every second counts. You may have a bad injury, sudden illness or an illness that is rapidly getting much worse. You can get emergency care anywhere in the United States.

You have a right to participate in treatment decisions. You have the right to fully participate in all decisions related to your health care. If you cannot fully participate in your treatment decisions or you want to have someone you trust help you, you have the right to choose that person to act on your behalf. You have the right:

- To have all treatment options explained to you in a language you understand, to be fully informed of your health status and how well you are doing, and to make health care decisions.
- This includes the right not to get treatment or take medications. If you choose not to get treatment, you must be told how this will affect your health.
- To have the Total Senior Care program help you create an advance directive. An advance directive is a written document that says how you want medical decisions to be made in case you cannot speak for yourself. You should give it to the person who will carry out your instructions and make health care decisions for you.
- To participate in making and carrying out your 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.

You have a right to have your health information kept private. 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. You have the right to be assured of confidential treatment of all information contained in the health record, including information contained in an automated data bank. Each PACE participant has the right to receive accurate, easily understood information and to receive assistance in making informed health care decisions. This includes when there is a change in service, and at the time your health needs require the disclosure and delivery of such information in order to allow you to make an informed choice.

You have the right to be assured that his or her written consent will be obtained for the release of information to persons not otherwise authorized under the law

to receive the information. You have the right to provide written consent that limits the degree of information and the persons to whom information may be given. Please note that there are federal privacy rules that give you access to your own medical records and more control over how your personal health information is used. (If you have any questions about this privacy rule, you can call the Office for Civil Rights at 1-800-368-1019. TTY users should call (800)537-7697.)

You have a right to file a complaint. You have a right to complain about the services you receive or that you need and don't receive, the quality of your care, or any other concerns or problems you have with Total Senior Care. You have the right to a fair and timely process for resolving concerns with the program. This includes the right:

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

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

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

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

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

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

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

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

Regardless of why you want to disenroll, Total Senior Care will help you plan for your care following disenrollment. If you are a Medicaid recipient and wish to continue receiving home and community-based services through Medicaid, Total Senior Care will refer you to New York Medicaid Choice to pick another Medicaid Managed Long Term Care Plan so you can continue receiving covered services. Please keep in mind that until the month that your

disenrollment takes effect, you will still be required to continue to use Total Senior Care services and to pay any amount due that you owe (such as a Medicaid surplus, if applicable).

In most cases, the date of your disenrollment is midnight at the end of the last day of the month in which your disenrollment is processed by New York Medicaid Choice. However, if you submit your disenrollment after the twentieth day of the month, your disenrollment may not take effect until the following month.

You will always receive written notification of the date of your disenrollment.

15. Can My Participation Be Canceled?

Yes. In certain circumstances, Total Senior Care may no longer be the right program to meet your health and long term care needs. If Total Senior Care believes it is necessary to disenroll a participant, we must obtain concurrence from New York Medicaid Choice.

And, to ensure that your care continues after you leave Total Senior Care, we will arrange your transfer to other providers and refer you to New York Medicaid Choice. Total Senior Care will work with state and federal agencies to assist in your transition to other Medicaid and Medicare programs after your disenrollment. We will make referrals and ensure that your medical records are made available to other providers in a timely manner.

Total Senior Care must cancel your participation if:

- You move out of the Total Senior Care service area.
- You leave the Total Senior Care service area for more than 30 days without receiving approval of Total Senior Care.
- At the time of your annual re-assessment, your health has improved to the point that you are no longer considered to be at risk for nursing home care. In this instance, we will only need to cancel your participation if we are confident that you will remain healthy, even if Total Senior Care is no longer providing care to you.
- The contract between Total Senior Care and CMS and the New York State Department of Health is terminated, or if Total Senior Care is unable to provide care to you because the program has lost its state license(s).
- We may also cancel your participation (also called an “involuntary disenrollment”) if:

- You, a member of your household, or a caregiver jeopardize your health and safety, or the health and safety of others, including members of the Total Senior Care team and network.
- You, a family member, or a caregiver jeopardize compliance with or interfere with, your care plan or the requirements of your enrollment agreement.
- You fail to pay or make efforts to pay Total Senior Care any premiums or Medicaid surplus you owe for more than 30 days after this amount is due. In this case, we will only require you to disenroll after the program makes a reasonable effort to collect the amount, including a written demand for payment.

You may not be involuntarily disenrolled unless New York Medicaid Choice concurs with the involuntary disenrollment. You have the right to appeal an involuntary disenrollment. New York Medicaid Choice will give you instructions for requesting a fair hearing if you are a Medicaid recipient. If you are not covered by Medicaid, you have the right to complain to the New York State Department of Health (866)712-7197). If you choose to exercise your right to appeal the disenrollment, you may choose to receive continuing care from Total Senior Care.

The effective date of your disenrollment from Total Senior Care will be midnight of the last day of the month in which your involuntary disenrollment is processed by New York Medicaid Choice.

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

16. What If I Have a Concern or Complaint About Total Senior Care?

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

In either process, you are assured of the following:

- There will be no change in your services or the way you are treated by Total Senior Care staff or a health care provider because you file a grievance or an appeal.
- We will maintain your privacy. If staff is involved in your grievance they will not take part in its resolution.
- We will give you any help you may need to file a grievance or appeal. This includes providing you with interpreter services or help if you have vision and/or hearing problems.
- You may choose someone (like a relative or friend or a provider) to act for you.
- We will make every effort to address your concerns in the most direct and quickest way possible. Many concerns can be resolved at the time you report them.

How to Reach Us to File a Grievance or Appeal

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

- You may report a grievance or file an appeal by discussing your issue or request with any member of the Total Senior Care staff.
- You can call us toll free at: (716) 379-8474 or (866) 939-8613
- For hearing impaired telephone assistance in NYS call TTY(800) 421-1220 or the TTY national phone number for assistance is 711.
- You can write to us at: Attention:Total Senior Care Program Director
 Total Senior Care
 519 North Union Street
 Olean, NY 14760
- You can send us a fax at: (716) 379-8543

Attention: Total Senior Care Program Director
- If you have a visual or hearing impairment, we will also provide assistance, as necessary, so that you are able to file your grievance or appeal.

What is a Grievance?

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

The Grievance Process

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

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

Because we take your concerns seriously, the Director of Clinical Services or his or her designee for Total Senior Care will usually oversee the review of the grievance. These individuals are responsible for overseeing the administration of the Total Senior Care program. When your grievance concerns a clinical matter, the reviewing staff will include one or more health care professionals. (These will be different individuals from any person who is involved in the issue that led to your grievance.)

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

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

You may request reconsideration of a grievance decision if you are dissatisfied with the outcome of the grievance process.

What is an Appeal?

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

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

What is an Expedited Appeal?

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

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

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

The Appeal Process

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

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

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

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

Your appeal will be reviewed by knowledgeable clinical staff, who were not involved in the initial decision that you are appealing. During our review, you will have a chance to present your case in person and in writing. You will also

have the chance to look at any of your records that are part of the appeal review.

During the appeal process, we will continue to provide all of your other services, as outlined in your plan of care. If your appeal concerns a service that Total Senior Care is planning to reduce or terminate, you may also request that the disputed service continue until the decision about the appeal is made.

However, if you ask for a disputed service to continue and the appeal decision is NOT in your favor, Total Senior Care will ask you to pay for the cost of the service during the time the appeal was being reviewed.

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

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

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

If Total Senior Care Denies My Appeal, What Can I Do?

If our decision about your appeal is not totally in your favor, the notice you receive will explain your right to request an external appeal for a new and impartial review conducted by an organization that is independent of Total Senior Care. You have several options, depending upon the type of coverage you have, Medicaid, Medicare, or both. If you are enrolled in both Medicare and Medicaid, we will help you choose which appeal process to follow, as you may not access both processes at the same time. If you have neither Medicaid nor Medicare coverage, you may complain to the New York State Department of Health (-866) 712-7197).

State Fair Hearings

If you are a Medicaid recipient, you may request a Medicaid Fair Hearing from the New York Medicaid program within 60 days of the date we sent you the notice about our decision on your appeal, if you disagree with the decision of Total Senior Care and wish to continue to appeal it. The notice that you receive from us at the end of your appeal will provide you with information about your fair hearing rights, including how to obtain a Fair Hearing, who can appear at the Fair Hearing on your behalf, and in some cases, your right to request to receive services while the Hearing is pending. Please ask a member of your Care Team if you have questions about the fair hearing process.

Medicare Appeal Process

If you are enrolled in Medicare only, and have completed the Total Senior Care internal appeal process, you may choose to appeal using Medicare's external appeal process. Total Senior Care will provide you with the appeal forms and can assist you with an appeal to the Medicare Designated Review Agent.

If you request either a Fair Hearing from Medicaid or a Medicare External Review, the decision that is made will be binding upon Total Senior Care.

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

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

New York State Department of Health
Bureau of Managed Long Term Care
MLTC Technical Assistance Center
One Commerce Plaza 16th Floor
Albany, New York 12210
Telephone: (866) 712-7197 (toll free)

17. Your Monthly Bill: How Much Will You Have To Pay?

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

If you are eligible for:

- **MEDICARE AND MEDICAID or MEDICAID ONLY**

If you are eligible for both Medicare and Medicaid, or Medicaid only, you will make no monthly premium payment to Total Senior Care (unless there is a Medicaid surplus) and you will continue to receive all PACE services, including prescription drugs.

- **MEDICARE ONLY**

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

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

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

Instructions for Making Payments to Total Senior Care

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

Payment can be made by check or money order to:

Fiscal Office
Total Senior Care
519 North Union Street
Olean, NY 14760

18. More Information

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

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

19. Remember To:

- Tell all health care providers that you are a participant of Total Senior Care.
- Call your Care Team whenever you require a service covered by Total Senior Care or need help in obtaining a service.
- Notify Total Senior Care within 24 hours, or as soon as possible if you are admitted to a hospital.
- Call Total Senior Care in advance if you have an urgent care need.
- Bring your Total Senior Care participation card when you see any health care providers, or are admitted to an emergency department of hospital.

Thank you
for choosing
Total Senior Care!