

Serenity Care **PACE**

Participant Enrollment Agreement

NOTICE

THIS HANDBOOK IS CONSIDERED THE ENROLLMENT AGREEMENT AND WILL BE PROVIDED TO THE PARTICIPANT, HIS OR HER CAREGIVER, OR AUTHORIZED REPRESENTATIVE DURING THE ENROLLMENT PROCESS.

THIS HANDBOOK WILL BE PROVIDED TO PROSPECTIVE ENROLLEES, HIS OR HER CAREGIVERS, OR AUTHORIZED REPRESENTATIVE AS AN INFORMATIONAL TOOL TO ASSIST IN THE DECISION MAKING PROCESS.

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Welcome

Welcome to the Serenity Care PACE program. Serenity Care PACE is a comprehensive program of healthcare and support services based on the national Program of All-inclusive Care for the Elderly (PACE). The PACE program is a program of the Serenity Care Health System designed with the purpose of helping keep you independent for as long as possible. The program coordinates a complete range of health and health-related services, all designed to keep you living in the community and in your own home as long as it is safe and feasible. The PACE program is a different kind of healthcare program. It gives you healthcare services in a personal way. All of us at Serenity Care PACE want to get to know you. Once we get to know you, we can work with you and your family to give you the care you need and want.

Serenity Care PACE is a healthcare program for people age 55 and older. Often, older people have medical problems that last for long periods of time. After you enroll in Serenity Care PACE, you become a *participant* in the program and have access to many services. For example, Serenity Care PACE can arrange for doctor visits and visits with specialists, should you need it to maintain or improve your health. Most of the services are provided by Serenity Care PACE staff and are delivered in an adult day health center.

This handbook will help you understand how the program works. It will tell you what Serenity Care PACE is and what kind of care it can provide. If at any time you have questions, comments or concerns please let us know.

Notice of Non-Discrimination

The PACE program does not discriminate because of race, color, sex, national origin, ancestry, religion, handicap, sexual orientation, marital status, veteran status, or age in our admissions process, treatment programs, services, participant referrals, or employment.

Mission Statement

Serenity Care PACE will provide high-quality health care and supportive services to enhance the well-being of frail seniors, caregivers, and the community we serve.

Serenity Care PACE Program Features

Features of the Serenity Care PACE program include:

- Access to service is provided 24 hours per day, every day including weekends and holidays.
- Receive services from an interdisciplinary team of health care professionals
- You and your health care team will work together to develop a plan of care made just for you
- If you need to be admitted to a hospital, Serenity Care PACE will arrange that for you.
- If you need a nursing home, Serenity Care PACE will arrange one for you.

Before you sign our enrollment agreement, please read it carefully. The PACE program staff will be glad to answer any questions you may have.

If you enroll in Serenity Care PACE, keep this enrollment agreement in a safe place. This enrollment agreement is a legal contract listing all services and benefits provided by Serenity Care PACE.

Special Features

Some of the services Serenity Care PACE provides are not available in any other healthcare program. Special features of Serenity Care PACE include the:

Interdisciplinary Team (IDT)

Your healthcare is planned and provided or arranged by a team of professionals who represent a wide variety of healthcare disciplines. We call this team the interdisciplinary team or IDT. The IDT works with you and your family to create a personalized plan of care that is updated semi-annually or more often as your health condition requires. Your IDT includes the following members:

- Doctor
- Registered Nurse
- Social Worker
- Physical Therapist
- Occupational Therapist
- Activity Coordinator
- Day Center Manager
- Registered Dietitian
- Home Care Coordinator
- Personal Care Worker
- Transportation Representative

The IDT members' special skills are used to meet your healthcare needs. Periodically, the IDT will review your needs with you. The IDT may also call on specialists as needed.

Lock-In Provision and Authorization of Care

This means that once you are enrolled in the Serenity Care PACE program **all** of your healthcare services must be given through Serenity Care PACE. Services **must** be approved by the IDT and given by a PACE program staff member or an Serenity Care PACE contracted provider. If you receive services from someone other than an Serenity Care PACE staff member or a PACE program contracted provider, you may have to pay for them. If you receive services NOT authorized by the Serenity Care PACE interdisciplinary team, you may have to pay for them.

Emergency services are **not included** in this “lock-in” provision. Please see the Urgent and Emergency Care Services section of this handbook for specific information.

If you are eligible for Medicare and/or Medicaid, Serenity Care PACE takes the place of the standard Medicare and/or Medicaid programs. All of your care is provided **only** through Serenity Care PACE. You will receive all the services you would have normally received through Medicare and Medicaid and may receive more services.

Coordination of Comprehensive Care

The Program of All-Inclusive Care for the Elderly (PACE) program was developed to give care to participants where and when it is needed. We have flexibility in providing care according to your needs and preferences. Your interdisciplinary team may authorize services to be provided at the PACE center, in your home, or in a hospital or nursing facility.

You will receive the majority of your care at our PACE day health center. The PACE center contains your doctor’s office, as well as a rehabilitation and activities center.

In addition to our own clinical staff, we have contracts with other providers and facilities in our service area, including physician specialists (such as cardiologists and orthopedists), hospitals, nursing facilities, pharmacies, and medical equipment providers.

Adult Day Center (PACE Center)

You will receive most of your healthcare services in our day health center. Our center is located at:

**604 Cottage Street,
Springfield, MA 01104**

Hours

Our regular center hours are from 8:00 a.m. until 4:30 p.m. Monday through Friday. If you need help after hours, you may call us. Feel free to always call if there are any questions or concerns that you may have.

When the center is closed (nights, weekends, holidays) the telephone is answered by the Serenity Care PACE triage nurse. The answering service will page someone to assist you. **Simply call 413-241-6321 and speak with the nurse who will assist you.**

It is important that you attend the Serenity Care PACE center on your scheduled day(s) each week. If you are not able to attend on your scheduled day, you need to do the following:

Contact us BEFORE 8:00 a.m., or as soon as possible, so your driver and the rest of your care team will know. **The number to call is: 413-241-6321**

Holidays

The days during the year that the Serenity Care PACE center is closed are:

New Year's Day	July 4
Thanksgiving Day	Christmas Day

Bad Weather

We might close on snow and bad weather days. We will call you to let you know if the center will be closed. We will also provide instructions of closure or delay on our message at 413 241 3231. If the weather becomes bad while you are at the center, we may try to send everyone home early. If we do close early, we will notify family and/or caregivers as needed. If your walks and stairs are clear of ice and snow, it makes it easier for your Serenity Care PACE program drivers to do their jobs of getting you to and from your home safely. If you are not able to clear ice or snow from your walks and stairs, please let us know. We may be able to help you hire someone to do this.

Benefits and Coverage

Many kinds of care are provided by Serenity Care PACE. The Serenity Care PACE program covers all of the items covered under original Medicare and Medicaid. We also cover services that may not be available under the original Medicare and Medicaid. The IDT will decide along with you what is best for your needs. Services you may receive from Serenity Care PACE are:

- Physician and Specialist Care
- Dental Care
- Home Healthcare
- Durable Medical Equipment
- Health-Related Services
- Outpatient Health Services
- Ambulance Transportation
- Emergency Room Care
- Treatment Room Services
- Hospital Inpatient Care
- Drug, Alcohol and Mental Health Counseling
- Nursing Home Care
- Assisted Living Care
- Respite Care
- End of Life Care
- Pastoral Care

The following benefits are fully covered when approved by the interdisciplinary team and provided by Serenity Care PACE staff or contractors and in Serenity Care PACE contracted facilities. Approval or pre-approval is not required for emergency services.

Physician and Specialist Care

Participants in Serenity Care PACE receive all of their routine medical services through the day center, in-home service programs, and contracted specialists. In other words, program participants usually see their doctors and nurses at the day center instead of going to the doctor's office. The PACE program doctors will serve as the participant's primary care physician.

If the IDT believes a special type of care is needed (for example, a participant may see a cardiologist for heart problems), the IDT will arrange for specialist care. Remember *all services must be authorized* by the IDT in order to have the costs covered by Serenity Care PACE.

Specialist care may include, but is not limited to:

- Anesthesiology
- Audiology
- Cardiology
- Dermatology
- Gastroenterology
- Gynecology (women's health specialist)
- Internal medicine
- Nephrology
- Neurosurgery
- Oncology
- Ophthalmology
- Oral Surgery
- Orthopedic surgery
- Otorhinolaryngology (ear, nose, and throat)
- Plastic Surgery
- Podiatry
- Psychiatry
- Pulmonary Disease
- Radiology
- Rheumatology
- General Surgery
- Thoracic and Vascular surgery
- Urology

Dental Care

Our first priority for dental care is to treat pain and acute infection. Our second priority is to keep your mouth healthy so you can eat and drink without any problems. The Serenity Care PACE program provides care according to need and appropriateness as determined by the interdisciplinary team. When you first join Serenity Care PACE, you will get a dental check-up within the first three months of your enrollment. After that, you will be given a check-up and treatment as needed every year.

Dental services may include:

- Exams, tests, or x-rays to see what your needs are
- Cleaning and instructions in keeping your teeth and gums as healthy as possible
- Fillings and crowns
- Complete or partial dentures to help you eat or drink
- Pulling teeth (called “extracting”) or the removal or repair of soft and hard gum tissue

Home Healthcare

Some services are delivered right in your own home; they may be any of the following depending on your needs:

Skilled nursing services

- Physical, speech, and occupational therapies
- Medical social services
- Home health aide or personal care worker services
- Homemaker/Chore services
- Home delivered meals with special diets
- Medical supplies and equipment

Durable Medical Equipment (DME)

The Serenity Care PACE program rehabilitation department assesses the need for all medical equipment (wheelchairs, walkers, hospital beds, canes, etc.). All equipment issued is the property of Serenity Care PACE or its contracting providers and will be returned to Serenity Care PACE upon disenrollment. The final decision to issue medical equipment is made by the IDT. At the time of enrollment if you currently have equipment that is **rented**, it may be

replaced by Serenity Care PACE based upon evaluation for medical or functional need. It is your responsibility (or your caregiver's) to inform Serenity Care PACE of any **rented** equipment.

Health-Related Services

Each participant is assigned to a social worker to assist you with getting the help you need to remain living in the community. These health-related services include:

- Transportation for medical appointments and Serenity Care PACE activities
- Homemaker/chore services
- Home delivered meals
- Environmental modifications, such as ramps
- Specialized medical equipment and supplies (non-DME)
- Personal emergency response system

Outpatient Health Services

Some of the services available on an outpatient basis are:

- General medical and specialist care (for example, physical exams and information on how to stay as healthy as possible)
- Nursing care
- Social services
- Therapy: Physical, Occupational and/or Speech
- Foot care
- Nutritional services
- Laboratory tests, x-rays and other tests to determine your health status
- Prescribed drugs and medicines: you **must** get these through the adult day center, except when provided for emergency services or authorized post-emergency or urgent care services
- Artificial limbs
- Vision care and eyeglasses
- Drug and/or alcohol, mental health services including evaluation, consultation, diagnosis, and treatment
- Hearing services, including exams, hearing aids, repairs, and maintenance

Hospital Inpatient Care

- Semi-private room and board
- Meals, including special diets
- General medical and nursing services
- Medical/surgical, intensive care, and coronary care units as necessary
- Laboratory tests, x-rays, and other tests to determine your health status
- Other diagnostic procedures
- Prescribed drugs and medicines
- Blood or plasma
- Surgical care including use of anesthesia
- Use of oxygen
- Physical, speech, occupational, and respiratory therapies
- Medical social services and discharge planning
- Drug and/or alcohol, mental health services including evaluation, consultation, diagnosis, and treatment

Not included under hospital care: private room and private duty nursing, unless the IDT feels it is necessary for your condition. Also not included are non-medical items such as telephone charges and television rental.

Nursing Home Care

- Semi-private room and board
- Doctor and nursing services
- Meals, including special diets
- Custodial care
- Personal care and assistance
- Prescription drugs and medicines
- Physical, speech, and occupational therapies
- Medical social services
- Medical supplies and appliances
- Other services determined necessary by the IDT

Not included under nursing home care: private room and private duty nursing, unless the IDT feels it is necessary for your condition. Also not included are non-medical items such as telephone charges and television rental.

End-of-Life/Palliative Care

End-of-life/palliative care helps ease the last days of a terminally ill patient and assures a natural death in as home-like surroundings as possible. Nurses, doctors, counselors, social workers, and professional caregivers all work together to make the patient and their family as comfortable as possible during this period. For example, you may receive end-of-life/palliative care at home, in an assisted living facility, or in a nursing home.

Pastoral Care

The care is non-denominational and is intended to help you, upon request, address your emotional and spiritual well-being, help you through difficult times such as the death of a loved one, or provide support during periods of loneliness.

If you would like a visit from our chaplain, please let your social worker know, and he/she will see that you are contacted when and where you choose.

After Hours and Emergency Care

There may be times when you need to speak with a doctor or nurse to receive advice or treatment for an injury or the start of an illness that simply can't wait until regular Serenity Care PACE day health center hours. Serenity Care PACE provides 24-hour medical care. There is always a doctor available 24 hours a day, 7 days a week, 365 days a year.

When it is necessary to reach the doctor and you do not believe it is an emergency, call Serenity Care PACE. When the center is open, the clinic staff will connect you with a doctor. When the center is closed, the triage nurse will call a doctor for you. Please keep in mind that the Serenity Care PACE doctor returning your call may not be your personal Serenity Care PACE physician, but he/she has been chosen by your doctor to answer your after-hours calls and is well-qualified to give you the care you need. If you do not hear from the doctor within 30 minutes, call the number again to let them know you are still waiting.

Serenity Care PACE: 413-241-6321

Triage Nurse: 413-241-6321

Emergency Services

Serenity Care PACE covers emergency care for an emergency medical condition. An EMERGENCY means acute symptoms of sufficient severity—including severe pain—such that a “prudent layperson” could reasonably expect the absence of medical attention to result in placing your health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Examples of emergencies are a lot of bleeding, severe pain, chest pain, or broken bones.

Prior authorization is not needed for emergency care.

IF YOU BELIEVE YOUR PROBLEM REQUIRES IMMEDIATE ACTION, CALL 911:

- Tell them what is wrong
- Answer questions carefully.
- Do exactly what you are told to do.
- If your problem is an emergency, you will be taken to the nearest emergency room of a hospital.
- Please have someone notify the Serenity Care PACE program as soon as possible in order to let us know what happened.

Emergency Hospitalizations

If you are hospitalized in a facility other than an Serenity Care PACE contracted hospital, we may arrange for you to be transferred to one of our facilities once your medical condition has stabilized so that your doctor can better coordinate your care.

Out-of-Area Medical Care

Emergency Services

If you are out of town and need emergency care, Serenity Care PACE will pay for emergency care. You do not have to get permission for emergency care. If you receive emergency medical care while out of town, please call Serenity Care PACE within 24 hours.

If you have paid for emergency service you received outside of the Serenity Care PACE service area, you should request a receipt from the physician or facility involved. This receipt must show the provider's name date and type of treatment date of discharge if hospitalized and the amount you were required to pay. Please send a copy of the receipt to the Serenity Care PACE accounting department at the address listed below.

Serenity Care PACE
604 Cottage St
Springfield, MA 01104
413-241-6321

Post-Stabilization Care

Post-stabilization care means care that a doctor thinks is medically necessary and is provided after an emergency condition has been stabilized.

Serenity Care PACE covers post-stabilization care when you are out of the service area. **Your Serenity Care PACE doctor must pre-approve these services** If the Serenity Care doctor does not respond to a request for pre-approval within one hour of contact, the services will be considered to be covered by Serenity Care PACE. If you do not get permission for these services before you go to see the doctor, you may have to pay for them yourself.

If you pay for medical services that have been approved by Serenity Care PACE, make sure you get a receipt. Receipts must show:

- Your name
- Your health problem
- The date of service
- The doctor's name, address, and telephone number
- How much you paid for services

You will be paid back for the medical care if you send the receipt to:

Serenity Care PACE
604 Cottage St
Springfield, MA 01104
Attention: Accounting Department

Urgent Care

Urgent care means care you need when you are out of the Serenity Care PACE service area and think that your illness or injury is too severe to put off treatment until you return to the service area, but you do not think it is a life-threatening emergency. Serenity Care PACE covers urgent care when you are out of the service area. **Your Serenity Care PACE doctor must pre-approve these services** If the Serenity Care doctor does not respond to a request for pre-approval within one hour of contact, the services will be considered to be covered by Serenity Care PACE. If you do not get permission for these services before you go to see the doctor, you may have to pay for them yourself.

Some examples of urgent care are:

- Bruises and sprains
- Controlled bleeding
- Flu-like symptoms
- Minor burns
- Minor cuts
- Most drug reactions

Care Outside the United States

If you receive any medical care outside of the United States, in most case Serenity Care PACE will not pay for it. Serenity Care PACE might pay for certain types of healthcare and services you get at a Canadian or Mexican hospital. This happens **only** if the Canadian or Mexican hospital is closer or easier to get to than any hospital in the U.S. as in the following scenarios:

- **You live in the U.S. near the Canadian or Mexican border and you need emergency or non-emergency medical treatment.** If a Canadian or Mexican hospital is closer or easier to get to from your home than the nearest U.S. hospital that can treat your condition, PACE might pay.
- **You are in the U.S. when you have a medical emergency.** If a Canadian or Mexican hospital is closer or easier to get to than the nearest U.S. hospital that can treat your emergency, PACE might pay.

- **You are crossing through Canada without delay on the most direct route between Alaska and another state, and you have a medical emergency.** If a Canadian hospital is closer or easier to get to than the nearest U.S. hospital that can treat your emergency, PACE might pay. In this situation, “most direct route” means that the main purpose of your travel through Canada is to get from one part of the U.S. to another.

The out-of-town doctor that treats you should give you a written report explaining what your condition is.

If you pay for medical services, make sure you get a receipt.

Receipts must show:

- Your name
- Your health problem
- The date of service
- The doctor’s name, address, and telephone number
- How much you paid for services

You will be paid back for the approved medical care or emergency medical care if you send the receipt to: **Serenity Care PACE, 604 Cottage Street, Springfield, MA 01104**

Eligibility, Enrollment, and Monthly Charge

The purpose of this section is to explain in writing, the eligibility, assessment, and enrollment process for entering the Serenity Care PACE program.

Eligibility

You are eligible to be a participant in Serenity Care PACE if you:

- Are at least 55 years of age;
- Are eligible for a nursing facility level of care according to the State of Massachusetts guidelines;
- Live in the Serenity Care PACE program service area;
- Are able to live safely in the community without jeopardizing your health and safety;

In addition to meeting these criteria, you must also sign an enrollment agreement and agree to abide by the conditions of the Serenity Care PACE program, as explained in this document.

Enrollment Process

Enrollment in Serenity Care PACE is a four-step process:

Step ❶ ...Intake

Step ❷ ...State Level of Care Assessment

Step ❸ ...Serenity Care PACE Assessment

Step ❹ ...Enrollment and Approval

When you enroll in the Serenity Care PACE program, your benefits coverage officially begins on the first day of the month after you sign the enrollment agreement.

Step One: Intake

Anyone can make a referral to the Serenity Care PACE program. The enrollment process usually starts with a telephone call. You or a family member may call Serenity Care PACE to talk about your needs. An intake worker will explain the program over the phone and if you are still interested, an intake worker will visit you and your family or caregiver to explain our program. During this visit we will learn more about you. You will also learn more about Serenity Care PACE such as:

- How the program works
- The kinds of services Serenity Care PACE offers
- What a “Lock-In Provision” is
- List of most current contracted healthcare providers

Step Two: State Level of Care Assessment

Because Serenity Care PACE serves people 55 years of age and older that qualify for a nursing facility level of care according to the State of Massachusetts guidelines, the Serenity PACE registered nurse must complete an assessment that gathers information on your functional status, nutrition risks, physical and mental health, living arrangements, and types of services you are currently receiving.

This information is submitted to MassHealth Clinical Program Manager via MDS-HC where it is reviewed to see if you are eligible for nursing facility level of care.

If the State determines that you **do not qualify** for Serenity Care PACE care, the pre-screening team will notify you in writing and refer you to alternative services.

Information Needed for Enrollment

To assist with the assessment and enrollment process, it is helpful if you have the following information available:

- Medications currently being taken, both prescribed and over-the-counter
- Social Security number
- Medicare number (if applicable)
- Medicaid number (if applicable)
- Name of a contact person in case of an emergency

In addition, the following release forms must be signed:

- Medical history release, allowing access to health conditions, name of doctor, copy of medical records, and your previous doctor/hospital history
- Financial release; this information is needed by MassHealth to determine your eligibility for Medicaid

Step Three: Serenity Care PACE Intake Assessment

This is a multi-step process that takes place in our day health center and in your home. The process is designed to help you decide whether the Serenity Care PACE program is right for you, while at the same time we learn about you and your needs.

An appointment will be scheduled for you to visit the day health center. We will provide transportation to and from the center. During your visit you will have a chance to meet the interdisciplinary team (IDT). Some members of the team will also want to visit you in your home. The IDT includes:

- Doctor
- Registered Nurse
- Social Worker
- Physical Therapist
- Occupational Therapist
- Activity Coordinator
- Day Center Manager
- Registered Dietitian
- Home Care Coordinator

- Personal Care Worker
- Transportation Representative

During the visit to the center, you will meet with the doctor and other members of the PACE center team. They will answer any questions you may have about our program. You will also have the opportunity to experience PACE center activities and speak with our program participants about their experiences in the program.

The home visit team includes a nurse, social worker, and a physical or occupational therapist. They will meet with you at home to talk about how you manage your medical concerns and activities of daily living at home. The assessment team also will gather information about your support network and whether you are able to remain safely in your home or community.

With the information collected from the intake process, state determination, and the IDT assessment, the Serenity Care PACE IDT will determine whether a plan of care can be developed that would allow you to continue living safely in the community.

If the team denies enrollment because your health and safety would be jeopardized by living in a community setting, Serenity Care PACE will notify you by phone and in writing of the reasons for denial and refer you to alternative services. You will also be told about your right to appeal this decision and about how to file an appeal.

If your enrollment is approved, you will be invited to join the Serenity Care PACE program.

Within one week of the assessment, the IDT will meet to discuss with you and/or you caregiver what kind of care would be best for you. At this preliminary meeting, we will work together to develop a plan of care just for you. Five working days after the first day of your enrollment (first of the month) your care plan will be completed.

Step Four: Enrollment and Approval

If you have found your visit to the PACE center satisfactory and if the interdisciplinary team believes you are eligible, you and your family will be invited to meet with a PACE social worker. During the meeting you will have a chance to:

- Provide input into your plan of care and ways your family or caregiver will be a part of your care.
- Ask questions about your insurance coverage and your monthly payment, if any.

- Understand the “lock-in” feature. The PACE program, Massachusetts Office of Medicaid and CMS Medicare programs have a special agreement that allows Serenity Care PACE to provide services to its participants. When you become a participant, you agree to “lock-in”; this means you will accept services **only** from Serenity Care PACE or its contracted providers. The IDT must approve all services. The Serenity Care PACE program takes the place of the standard Medicare and/or Medicaid programs you may be using now.
- Ask questions about what to do if you are ever dissatisfied with the care you receive at Serenity Care PACE.
- Review and confirm the provisions of the enrollment agreement.

If you decide to become an Serenity Care PACE program participant, we will ask you to sign an enrollment agreement. After you sign it, you will receive an enrollment packet that includes:

- Copy of the signed enrollment agreement (this document)
- Serenity Care PACE membership card, which replaces your current Medicaid card, if you are a Medicaid recipient
- Emergency contact information
- HIPAA privacy information
- Listing of staff and their titles at your PACE day health center
- Listing of contracted providers and contracted facilities
- Participant rights information
- Serenity Care PACE grievance and appeals policies
- Copy of your initial plan of care

Enrollment in Serenity Care PACE will result in disenrollment from any other Medicare plan or a Medicaid pre-payment plan or optional benefit.

Continuation of Enrollment

On an annual basis, the screening team from MassHealth will determine whether you are still eligible for nursing facility level of care. This eligibility screening may not have to be done if the screening team determines that your ongoing medical condition qualifies you for continued enrollment.

If the screening team determines that you no longer meet the criteria for nursing facility level of care, you will not be able to continue your enrollment in Serenity Care PACE and we must disenroll you from our program.

Should you be denied continued enrollment, we will notify you in writing and provide you with recommendations for alternative sources of care. You have the right to appeal an enrollment denial. We will give you the information you need to do this and will help you if you wish.

Monthly Payments

Your payment each month will depend upon your eligibility for Medicare and/or Medicaid. These payments may be subject to change annually due to changes in your income and/or Medicare and Medicaid regulations.

Medicare and Medicaid or Medicaid Only

If you have Medicare and Medicaid, you will usually not have a participant payment.

Medicare Only

If you have Medicare only and are not eligible for Medicaid, then you will pay a monthly premium to Serenity Care PACE. Your monthly premium of \$_____ starts on _____ (date).

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 in the amount of \$_____.

You may pay both premiums together or you may contact the Serenity Care PACE to discuss a payment plan:

Serenity Care PACE

604 Cottage Street

Springfield, MA 01104

413 241 6321

Attention: Accounting Department

If you have Medicare, you will still pay the monthly Medicare Part B bill to the Social Security Administration.

Private Pay (Neither Medicare or Medicaid)

If you are not eligible for Medicare or Medicaid, then you will pay a monthly premium to Serenity Care PACE. Your monthly premium of \$_____ starts on _____ (date).

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 in the amount of \$_____.

You may pay both premiums together or you may contact the Serenity Care PACE to discuss a payment plan:

Serenity Care PACE
604 Cottage Street
Springfield, MA 01104
413 241 6321
Attention: Accounting Department

Prescription Drug Coverage Late Enrollment Penalty

Please be aware that if you are eligible for Medicare prescription drug coverage, and are enrolling in Serenity Care PACE after going without Medicare prescription drug coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, you may have to pay a higher amount for Medicare prescription drug coverage.

Failure to Pay Participant Obligation

You are enrolled the first day of the following month once the paperwork is signed. If you have a participant payment, you must make payments by the end of each month. If you do not pay your bill, you may be disenrolled from the program. If you can't pay, you must call Serenity Care PACE to plan how you will make up the late payments.

If you are disenrolled for failure to make payments, you may pay the monthly charge before the effective date of disenrollment and be reinstated in the program without any break in coverage.

Your Share of Costs for Nursing Facility Care

If you can no longer be cared for in your home, you may need to move into a nursing home. This may be for a short time, or it may be permanent. On occasion, after a hospitalization, a (subacute) stay in a nursing home is what is best for your recovery. The nursing home may be used to shorten an inpatient admission in a hospital or as a temporary or transitional arrangement when you may not quite be strong enough to go home, but are not ill enough to need hospitalization.

Serenity Care PACE, along with the contracted nursing home facility, will provide all your medical care and supervise all your needs in the nursing home whether your stay is temporary or long-term. A member of the IDT will visit you in the nursing home. Your Serenity Care PACE doctor will continue to care for you.

As a participant in Serenity Care PACE, you agree to receive inpatient short- and long-term care services in one of our contracted nursing facilities. If you select a nursing home facility outside of these contracted locations, you may be fully and personally liable for the costs of unauthorized services.

If at any time it is determined that you require a permanent residency in the nursing home, you may be required to share in the cost of nursing facility care. Your share will be determined by your monthly income, less deductions for qualified expenses and a personal needs allowance as set by the State of Massachusetts.

Stopping Benefits

Your benefits under Serenity Care PACE can stop if you choose to disenroll from the program (voluntary) or if you no longer meet the conditions of enrollment (involuntary). Both types of termination require written notice by either party.

Disenrollment and termination at any time during the month is effective the first day of the next month. You are required to use Serenity Care PACE services and to submit payment, if applicable, until termination of benefits becomes effective.

Voluntary Disenrollment

You may leave the program upon notice at any time for any reason. You may notify Serenity Care PACE either verbally or in writing. If you wish to leave the Serenity Care PACE program, you should talk about it with your social worker who will help you with returning to other Medicaid/Medicare services. The PACE program will request that you sign a disenrollment form that states you will no longer wish to receive Serenity Care PACE services.

You will not be able to be put back on other Medicaid/Medicare service until the first of the month after disenrolling. The PACE program will be responsible for coordinating your Medicare/Medicaid benefits until the end of the month in which you disenroll. During this disenrollment period, Serenity Care PACE will continue to provide your authorized services. You must pay any monthly charge until the disenrollment is complete.

If you choose to disenroll, Serenity Care PACE will work with you to make referrals to appropriate medical providers in your community, and we will make medical records available

in a timely manner. We will work with Medicare and Medicaid to help you return to an appropriate healthcare program.

If you enroll in any other Medicaid or Medicare prepayment plan after enrolling in Serenity Care PACE, (for example, Medicaid's home and community-based services program or a Medicare HMO) or optional benefit, including the hospice benefit, or a Medicare Part D prescription plan, you will be automatically disenrolled from Serenity Care PACE.

If you are a Medicare beneficiary and are enrolled in Serenity Care PACE, you **cannot disenroll** from Serenity Care PACE at the Social Security Office.

Returning to Serenity Care PACE

If you choose to leave Serenity Care PACE (“disenroll voluntarily”), you may get back into the program. If you did not pay your bill and were involuntarily disenrolled from the program, you may re-enroll if you pay your bill.

You must reapply and meet the eligibility requirements if there was a break in service. If you pay your bill in full before the disenrollment date, you can stay in the program without reapplying if there was no break in service.

Involuntary Disenrollment

Serenity Care PACE will do everything possible to avoid involuntary disenrollment. We will provide you with reasonable notice before we take any action to disenroll you from our PACE program. Serenity Care PACE can terminate your benefits through written notification to you if:

- You move out of Serenity Care PACE 's service area for more than 30 consecutive days without prior approval;
- There is repeated non-compliance with your treatment plan, and all efforts have been exhausted to resolve the issues;
- There is a breakdown in your relationship with the doctor or IDT and patient relationship;
- Payments due to Serenity Care PACE are not made after the 30-day grace period (see Monthly Payments section; you must pay or work out a payment plan);
- You are no longer eligible for a nursing facility level of care;
- You no longer meet the State Medicaid Nursing Facility level of care requirement;
- Your behavior jeopardizes your health or safety;
- Your behavior jeopardizes the health or safety of others;

- Serenity Care PACE closes because its PACE program agreement was not renewed or was cancelled by the State of Massachusetts and the federal government's Center for Medicare and Medicaid Services; or
- The PACE program loses its state license or Serenity Care PACE is unable to offer healthcare services because it loses its contracts with outside providers.

Appeal Process

An appeal is a participant's action taken with respect to Serenity Care PACE's non-coverage of, or nonpayment for, a service.

The purpose of the appeal procedure is to provide a fair and timely process to address written or oral appeals filed by participants, their families, or authorized representatives.

It is the policy of Serenity Care PACE that all participants have access to and understand their rights to file an appeal, to be assured of confidentiality, and be free of reprisal during and after the filing of an appeal. There shall be no discrimination of a participant for filing an appeal.

Procedure

Step One: Internal Appeal

You, your family member/caregiver, or authorized representative may inform any Serenity Care PACE employee at any time you wish to file an appeal. You and your representative will have the opportunity to appeal verbally or in writing. The center receptionist shall forward any incoming appeals via telephone to the center manager or, in his/her absence, to the social worker.

If you call the center after hours, the administrator on call will take your name and information about what you are appealing. He/she will then communicate this information to the social worker and/or Serenity Care PACE executive director or center manager the next business day.

Upon receipt of your appeal, the Serenity Care PACE executive director or center manager, or in his/her absence the social worker, will forward a letter to you, your family/caregiver, or authorized representative to inform you of the following:

- 1) You will be provided the opportunity to present evidence both verbally and in writing as it relates to the appeal.

- 2) If you are a Medicaid recipient, Serenity Care PACE will continue to furnish the disputed service(s) until a final determination is reached so long as 1) Serenity Care PACE is proposing to terminate or reduce services currently being furnished to you, or 2) you request continuation of the disputed service(s) with the understanding that you may be liable for the costs of the service(s) if the final appeals decision is not in your favor.
- 3) That all other required services will continue to be furnished to you during the appeal.
- 4) That you may receive assistance in completing the appeal.
- 5) All information related to an appeal will be held in strict confidence and will not be disclosed to individuals without a need to know to assure participant confidentiality.

If the appeal is ruled **in your favor**, the center manager will inform all involved parties verbally and in writing of the final ruling, and direct that services are to continue or start as soon as your health condition requires.

When an appeal is ruled **not in your favor** the appeal will go to Third Party Review.

Step Two: Third Party Appeal

Your appeal information will be submitted to **an impartial third party**, either MD or other health care professional who will review the appeal within the specified **120-day** timeframe, or as soon as your health condition demands.

If the appeal is still not in your favor the appeal will go to Step Three - External Appeal.

Step Three: External Appeal

You have the right to access the Massachusetts Fair Hearings process. Fill out the attached Fair Hearing Request form and send to:

Executive Office of Health & Human Services
Board of Hearings
100 Hancock Street, 6th Floor
Quincy, MA 02171
Phone: 1-617-847-1200 or 1-800-655-0388 Fax: 1-617-847-1204

If you have Medicare only, your external appeal will be forwarded to:

MAXIMUS Center for Health Dispute Resolution
PACE Appeals
Eastgate Square
50 Square Drive, Suite 210
Victor, NY 14564
Phone: 585-425-5210

You will be contacted by the external review agency when a decision has been reached. The decision of the external review organization is final. If the ruling is **in your favor**, Serenity Care PACE will continue, provide, or pay for the appealed service as soon as your health condition demands.

If the ruling is **not in your favor**, Serenity Care PACE will discontinue the service, and/or request repayment for cost of services provided that were being appealed.

Expedited or “FAST” Appeal Process for Service Requests

Serenity Care has a special expedited “FAST” appeal process for situations in which you or your representative believe that your life, health or ability to regain maximum function would be seriously jeopardized, if the requested service is not provided.

To request a FAST appeal you or your representative may FAX your request to 413-474-3979, be sure to write “REQUEST FOR FAST APPEAL,” or call 413- 241-6321 and ask to speak with the Center Manager.

If you need a FAST appeal and the PACE Center is closed, call the on-call clinician at 413-241-6321. The covering medical provider will start the reconsideration process.

Serenity Care will respond requests for Expedited (Fast) appeals as expeditiously as the your health condition requires, but **no later than 72 hours** after we receive the appeal unless we determine that extra time is needed to review your request.

Serenity Care may extend the 72 hour review time by up to 14 calendar days for either of the following reasons:

1. You request the extension.
2. PO justifies to the MassHealth Office of Long Term Services and Supports the need for additional information and how the delay is in your best interest.

The Center Manager will contact you or your designated representative by telephone to notify you of our decision. We also will send you a letter confirming this decision.

If our decision is not fully in your favor, our letter will include an explanation of your additional appeal rights under Medicaid (MassHealth), and Medicare. This is called the “External Appeal Process.” We also will notify MassHealth and CMS (Medicare) of our decision.

Eligibility Review and Changes

MassHealth will review your eligibility for Medicaid each year.

If your eligibility for Medicaid changes (for example, you now have more money or assets than last year), you may no longer be eligible to attend Serenity Care PACE at no cost. If you want to stay in Serenity Care PACE program, you may have to make a monthly payment. The payment amount would equal the amount needed to meet income levels for Medicaid. If you lose your Medicaid eligibility entirely and would like to remain in the program, you would have to pay a premium. 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 you are placed in a nursing home, a monthly payment is required. If your spouse remains in your home, depending on your income, some payment may be required.

Participant Responsibilities

Serenity Care PACE believes greater involvement by our participants in their care improves the quality and satisfaction of their overall health. By encouraging your involvement in your healthcare decisions, it is reasonable to expect you to assume some responsibility. We ask that you:

- Take advantage of opportunities for improving and maintaining your health, such as exercising, not smoking, and eating a healthy diet
 - Become involved in your healthcare decisions
 - Cooperatively work with Serenity Care PACE to develop and carry out agreed-upon treatment plans
 - Tell us about important information and clearly communicate wants and needs
 - Use Serenity Care PACE's own grievance and appeals process to discuss concerns that might occur:
-
- Avoid knowingly spreading disease
 - Recognize the reality of risks and limits of the science of medical care
 - Show respect for other participants and Serenity Care PACE staff

- Make a good-faith effort to meet financial obligations
- Abide by the rules and procedures of Serenity Care PACE

IF YOU HAVE QUESTIONS OR CONCERNS ABOUT YOUR RESPONSIBILITIES, PLEASE TALK TO YOUR SERENITY CARE PACE SOCIAL WORKER.

Participant Bill of Rights

As a participant in Serenity Care PACE, you are entitled to the following specific rights.

Your rights in the Program of All-inclusive Care for the Elderly.

The Program of All-inclusive Care for the Elderly, also called PACE, is a special program that combines medical and long-term care services in a community setting.

To be eligible, you must:

- Be age 55 or older.
- Live in the service area of Serenity Care PACE program(s).
- Be certified as eligible for nursing home care by the appropriate State agency.
- Be able to live safely in the community.

The goals of Serenity Care PACE are:

- To maximize the independence, dignity, and respect of Serenity Care PACE participants;
- To help make Serenity Care PACE participants more independent and improve their quality of life;
- To provide coordinated quality healthcare to Serenity Care PACE participants;
- To keep Serenity Care PACE participants living safely in their homes and communities as long as possible;
- To help support and keep Serenity Care PACE participants together with their family.

When you join Serenity Care PACE program, you have certain rights and protections. Serenity Care 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.

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 healthcare in a safe, clean environment.
- To be free from harm. This includes physical or mental abuse, neglect, physical punishment, being placed by yourself against your will, and any physical or chemical restraint that is used on you for discipline or convenience of staff and that you do not need to treat your medical symptoms or to prevent injury.
- To be encouraged to use your rights in Serenity Care PACE program.

- 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 Serenity Care PACE staff about changes in policy and services you think should be made.
- To use a telephone while at Serenity Care PACE center(s).
- To not have to do work or services for Serenity Care PACE 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 / ethnic origin
- Religion
- Age
- Sex
- Mental or physical ability
- Sexual orientation
- Source of payment for your healthcare (For example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at Serenity Care PACE to help you resolve your problem.

If you have any questions, you can call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have a right to information and assistance.

You have the right to get accurate, easy-to-understand information and to have someone help you make informed healthcare decisions.

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 Serenity Care 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 Serenity Care PACE 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 Serenity Care PACE program. The PACE program must also post these rights in a public place in Serenity Care PACE center(s) where it is easy to see them.
- To be fully informed, in writing, of the services offered by Serenity Care PACE program. This includes telling you which services are provided by contractors instead of Serenity Care PACE 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 your Serenity Care PACE program. Federal and state agencies review all PACE programs. You also have a right to review how Serenity Care PACE plans to correct any problems that are found at inspection.

You have a right to a choice of providers.

You have the right to choose a healthcare provider within Serenity Care PACE program's network and to get quality healthcare. Women have the right to get services from a qualified women's healthcare specialist for routine or preventive women's healthcare services.

You have a right to access emergency services.

You have the right to get emergency services when and where you need them without Serenity Care PACE 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 quickly 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 healthcare. 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 healthcare 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 Serenity Care PACE 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 healthcare 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 healthcare providers in private and to have your personal healthcare 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.

There is a patient privacy rule that gives you more 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, call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697.

You have a right to file a complaint.

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

You have the right:

- To a full explanation of the complaint process.
- To be encouraged and helped to freely explain your complaints to Serenity Care 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 Serenity Care PACE program, staff, or contractors.

You have a right to leave the program.

If, for any reason, you do not feel that Serenity Care PACE is what you want, you have the right to leave the program at any time.

Additional Help

If you have complaints about the Serenity Care PACE program, think your rights have been violated, or want to talk with someone outside Serenity Care PACE about your concerns, call 1-800-MEDICARE or 1-800-633-4227 to get the name and phone number of someone in your State Administering Agency.

Grievance Process

A grievance is a written or oral complaint expressing dissatisfaction with service delivery, or the quality of care furnished. The grievance can be medical or non-medical in nature. You have the right to file a grievance about anything that concerns your care.

The purpose of the grievance process is to provide a fair and timely process to address written or oral grievances filed by participants, their families, or authorized representatives.

All written or oral complaints will receive a response in a timely manner.

Procedure

1. All individuals enrolled in Serenity Care PACE will be informed, in writing (this document), upon enrollment and once each year after that of the grievance process.

The procedure to file a grievance includes:

2. Participants can inform any Serenity Care PACE employee or contracted provider they wish to file a grievance. During non-center operation hours, you may call (413) 241-6321 and file a grievance with the person on call.

3. Employee/contractor will complete a grievance form for you if you wish and submit directly to center manager and/or the social worker. You will be given a copy of the completed *Participant Grievance Form*.
4. The center manager and/or social worker will review the grievance information with the IDT members. The PACE program medical director and/or primary care physician are responsible for determining if the grievance is medical in nature. The IDT will attempt to resolve the grievance within 30 calendar days.
5. All information related to the grievance will be held in strict confidence and will not be disclosed except where appropriate to process the grievance.
6. The center manager and/or social worker will directly contact you or your family member in writing regarding the resolution of the grievance.
7. If you, your family, or authorized representative are dissatisfied with the outcomes of the IDT's proposed resolution, you may contact the Serenity Care PACE executive director within 30 days of the IDT's decision to request a review.
8. During the grievance process, Serenity Care will continue to furnish you with the required services included in your Care Plan.

Services Not Covered

The staff at Serenity Care PACE promises to give you the very best care possible. There are some things staff cannot do for you. Below is a list of services Serenity Care PACE will **not** pay for:

- Any service that has not been authorized by the interdisciplinary team, even if it is listed as a covered benefit, except for emergency care or certain urgent care services.
- Cosmetic surgery, unless required for improved functioning of a malformed part of the body resulting from an accidental injury, or for reconstruction following mastectomy.
- Prescription drugs not ordered by Serenity Care PACE doctor.
- Experimental medical, surgical, or other health procedures that are otherwise not Medicare-covered services and are not generally accepted medical practice in the geographic area, as determined by the Serenity Care PACE medical director.
- Care in a government hospital (VA, federal, or state hospitals) unless approved by the IDT.
- Any services given outside of the United States, except in certain emergency situations.
- End-of-life care will be provided by Serenity Care PACE; however, hospice services are not covered.

General Provisions

Changes to Agreement: Changes to this agreement may be made if they are approved by both CMS and the Massachusetts Office of Medicaid. We will give you at least 30 days' written notice of any change.

Continuation of Services on Termination: If our agreement with CMS and Massachusetts Office of Medicaid is discontinued for any reason, you will continue to be entitled to coverage under Medicare Parts A and B and/or Medicaid. If that happens, we will transition your care to other providers in your community.

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

Governing Law: Serenity Care PACE is subject to the requirements of the Massachusetts Office of Medicaid and the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Any provision required to be in this agreement shall bind Serenity Care PACE whether or not it is specifically included in this document.

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

Notice: Any notice that we give you under this agreement will be mailed to you at your address as it appears on our records. You should notify us promptly of any change of address. When you need to give us any notice it should be mailed to:

**Serenity Care PACE
604 Cottage Street
Springfield, MA 01104
413-241-6321
Attention: Accounting Department**

Notice of Network/Provider Contract Changes: We will give you reasonable notice of any changes in our provider network that could affect the service you receive. This includes hospitals, physicians, or any other person or institution with which we have a contract to provide services or benefits. We will arrange for you to receive services from another provider.

Policies and Procedures Adopted by Serenity Care PACE: We reserve the right to adopt reasonable policies and procedures to provide the services and benefits under this plan.

Your Medical Records: It may be necessary for us to obtain your medical records and information from hospitals, skilled nursing facilities, intermediate care facilities, home health agencies, physicians, other practitioners, or contracted providers who treat you. By accepting coverage under this contract, you authorize us to obtain and use such records and information. This may include records and information concerning treatment and care you received before the effective date of this plan by anyone who provided the treatment and/or care. Access to your own medical record is permitted in accordance with Massachusetts and federal laws and regulations.

Who Receives Payment Under This Agreement: Payment for services provided and authorized by the interdisciplinary team under this contract will be made by Serenity Care PACE directly to the Serenity Care PACE service provider. **You cannot be required to pay anything that is owed by Serenity Care PACE to selected providers. However, payment for unauthorized services, except in case of emergency, will be your responsibility.**

Authorization to Take and Use Photographs: As part of the routine administration of this plan, photographs may be taken for purposes of identification. We will not use these photographs for any other purpose unless we get written permission from you or your legal representative.

Enrollment Agreement

NOTICE TO SERENITY CARE PACE STAFF: This document is not to be completed until the Participant Handbook has been explained to the participant, their caregiver, or authorized representative. Retain a copy of the *signed* enrollment coversheet and forward to the center manager.

NOTICE TO PROSPECTIVE PARTICIPANT—READ THIS BEFORE YOU SIGN: Do not sign this agreement if the rules and requirements of Serenity Care PACE have not been explained to you or if you do not understand them. If you have questions, please let us know so that we may answer them. We want you to be comfortable with the decision you are about to make.