



ArchCare Senior Life  
Program of All-inclusive Care  
for the Elderly (PACE)  
Member Handbook



# WELCOME TO ARCHCARE SENIOR LIFE, A PACE PLAN

We are pleased to provide you with your ArchCare Senior Life Member Handbook. The Handbook covers important information for you to know, such as how to access services including urgent and emergency care. Always remember to contact your ArchCare Senior Life care team whenever you need health care services or if you have questions. You can reach your ArchCare Senior Life care team 24 hours a day by calling a toll free number connected to your PACE Center.

ArchCare Senior Life operates PACE Centers in Manhattan, Bronx and Staten Island. Please see complete address and local telephone numbers below. You can reach our main toll free Member Service area at (866) 263-9083, TTY 711. Our PACE sites are open during business hours Monday – Friday, 8:30 am – 5:00 pm.

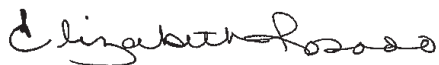
Written material from ArchCare Senior Life is currently available in English and Spanish. If you do not speak English or Spanish, Arch Care Senior Life will provide you with free assistance through one of our staff members and/or translation services to communicate with you in person or by telephone in whatever language you speak.

If you have special needs such as sight or hearing needs, contact us and we will provide extra assistance. We will help you find the services that will meet your needs from providers who understand and are prepared to help. We also have materials in large print to help make communication easier.

ArchCare Senior Life values its members and we are here to help you. From time to time, we will ask you for your advice on how we can make the Plan better, how we can make it easier for you to get the care you need, and how we can improve the quality of services that we provide to you. Your input is important to us and important to your care. If you need to tell us something about your care, you can do that at any time by calling (866) 263-9083 and speak with one of our member service representatives. We look forward to helping you achieve your health goals and to providing assistance in arranging the services you need. After all, it's all about:

## **KEEPING YOU HEALTHY IN THE PLACE YOU CALL HOME.**

Sincerely,



Elizabeth Rosado  
Executive Director

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# WHAT IS ARCHCARE SENIOR LIFE?

ArchCare Senior Life, a program of All-Inclusive Care for the Elderly (PACE), is approved by the New York State Department of Health and Centers for Medicaid and Medicare Services (CMS) for individuals who need long term care services and who are eligible for Medicaid and Medicare or eligible for Medicaid only or wish to private pay. ArchCare Senior Life provides long term care and other health-related services to members within Manhattan, The Bronx, Staten Island and Westchester. ArchCare Senior Life gives you the opportunity to receive all of your health care services covered by Medicaid and Medicare all under one Plan with a physician and care team guiding and coordinating your needs across all settings; home, hospital, nursing facility, outpatient departments or day centers.

Managed long term care means that a coordinated Plan of Care and coordinated services are provided to individuals who choose to enroll in ArchCare Senior Life. Your assigned Primary Care Physician (PCP) along with your care team must order these services. Members obtain these services through a network of ArchCare Senior Life participating health care providers. Once enrolled, you receive all your health care services from ArchCare Senior Life participating network of providers including medical specialists, home health care services, dental, podiatry and many more. A complete listing of covered services is described in this handbook. Your care team can choose or assist you in choosing the providers that meet your needs.

Membership in ArchCare Senior Life is voluntary. You can decide on your own, or with ArchCare Senior Life help, whether or not to enroll in ArchCare Senior Life, or to initiate disenrollment later for any reason.

ArchCare Senior Life makes every effort to be responsive to cultural diversity and communication needs in all of its operations. You have the right to obtain any information from ArchCare Senior Life translated into another language if you are

not an English speaker. Written materials can also be provided in Spanish. As many participating providers speak languages other than English, please refer to our Provider Directory or call Arch Care Senior Life to obtain the most current provider information at (866) 263-9083. If you wish, ArchCare Senior Life can also provide specific staff to assist you. For example, staff members are available to verbally translate materials for you on the telephone.

**“staff members are available to verbally translate materials for you on the telephone”**

Plan documents can be provided in alternate formats as well. Staff members are happy to read Plan information to individuals who are visually impaired. Large type documents for materials such as this Member Handbook can be provided. The Plan can also arrange the services of a professional sign language interpreter on request for individuals who are hearing impaired.

## WHO IS ELIGIBLE TO ENROLL IN ARCHCARE SENIOR LIFE?

***To be eligible to enroll you must be:***

- 55 years of age or older
- A resident of Manhattan, The Bronx, or Staten Island
- Nursing facility level of care prior to enrollment.

We will gather this information by telephone before a visit is arranged. If you do not meet these three eligibility requirements, other ArchCare programs and plans may be discussed as well as alternative resources for you to consider.

**You must also be:**

- Capable of returning to or remaining in your home and community without jeopardy to your health and safety.
- In need of community based long term care services and care management from ArchCare Senior Life for more than 120 days from the date of enrollment. Long term care services include;
  - nursing services
  - therapies
  - home health or personal care aide services
  - adult day health center
  - private-duty nursing
  - Consumer Directed Personal Assistance Services (CDPAS)
  - Eligible for Medicaid or agree to pay a private pay premium for care as described in the private pay section of this handbook.

An Enrollment Nurse will arrange to visit you to discuss ArchCare Senior Life, to assist you with the details of applying for enrollment and to gather and assess information about your health and long term care needs. During the visit, the Enrollment Nurse will complete a comprehensive clinical assessment using New York State (NYS) approved forms, and will discuss your service needs with you. The Enrollment Nurse will review your Medicaid and Medicare information, if applicable, and will discuss and provide information about Advanced Directives, how to access covered services, and your rights as an ArchCare Senior Life member. The Enrollment Nurse will give you a copy of this Member Handbook and will explain the forms you are required to sign for enrollment; an enrollment agreement/attestation form, an authorization for release of medical information, and a notice of HIPAA privacy practices.

Your enrollment agreement, once signed is submitted to New York Medicaid Choice/ Maximus. It will be reviewed and Medicaid eligibility will be confirmed. If New York Medicaid Choice/Maximus receives your enrollment agreement by the 20th of the month, enrollment will usually begin on the first day of the following month. For example, if New York Medicaid Choice/ Maximus receives the enrollment agreement after the 20th of the Month , for example on August 24th, enrollment will usually begin on October 1.

Once you are enrolled, you will be assigned to a Care Management Team. Members of this team will contact you upon notification of enrollment to arrange a home visit within the first 7 days of enrollment. During this visit you will have time to discuss the plan services, your needs and any health concerns. A review of your service plan and overall Plan of Care will take place and how placement of services are arranged. If you are enrolled for the first day of the month, your services will begin according to your Plan of Care.

Applications for enrollment may be accepted for otherwise eligible inpatients or residents of hospital or residential facilities operated under the auspices of the State Office of Mental Health (OMH), State Office of Alcohol and Substance Abuse Services (OASAS), or State Office for People With Development Disabilities (OPWDD). Enrollment may only begin upon discharge from these programs or other home and community-based waiver programs to the applicant's home in the community.

An applicant who is enrolled in another managed care plan approved by Medicaid, a home and community-based waiver program, or an OPWDD day treatment program or who is receiving hospice services may be enrolled in ArchCare Senior Life only upon termination from the other program.

# MEMBERSHIP IDENTIFICATION CARD

After you enroll, your ArchCare Senior Life identification card should arrive within 14 to 30 days. Remember to carry your ArchCare Senior Life identification card at all times, as well as your Medicare and Medicaid identification cards and any other health insurance card. The ArchCare Senior Life identification card is effective from the first day of your membership and will help your health care providers to bill correctly for covered services. Your identification card will also list a toll free number with any questions related to Medications.

If you need care before you receive your card, or if you lose your identification card or need to change or correct information on your card, contact our member service department at (866)263-9083.



**Member Services: 1-866-263-9083 (TTY/TDD: 711)**

**Name:** ASL PSEUDO  
**Member ID#:** 10010XXXXXP

**RxBIN:** 004336  
**RxPCN:** MEDDADV  
**RxGRP:** RX8593

**PCP:** ArchCare Senior Life  
**Please identify yourself as an ArchCare Senior Life participant**

**MedicareRx**  
Prescription Drug Coverage

**PROVIDER ALERT**  
This patient is enrolled in the PACE program at ArchCare Senior Life. PACE is a New York State Medicaid and Medicare approved managed care program. Pharmacy Benefit administered by CVS Caremark.

All services, including hospital admissions, must be provided by network providers only and must be pre-authorized. Failure to contact ArchCare Senior Life prior to the provision on non-emergency services will result in forfeiture of billing rights for all unauthorized services.

**FOR AUTHORIZATION:** 1-866-263-9083

Participants may be fully and personally liable for the costs of unauthorized or out-of-PACE program agreement services

**EMERGENCY SERVICES EXCEPTION:** Authorization is not required. Contact ArchCare Senior Life immediately at 1-866-263-9083.

**Pharmacy Member Services:** 1-866-412-5435 TTY/TDD: 711

**For Providers:** For Eligibility, Including GHI Claims: 1-800-373-3177

**Claims Mailing Address:** 1-866-386-4447, Peak TPA P.O. Box 30760, Tampa, FL 33630-3760

**GHI Provider Information:** 1-212-501-5597 Not Applicable for Eligibility

**Pharmacy Help Desk (for pharmacist use only):** 1-800-364-6331

**Pharmacy Paper Claims:** CVS Caremark, MC 109, P.O. Box 52000, Phoenix, AZ 85072-2000

[www.archcareseniorlife.org](http://www.archcareseniorlife.org)

# ADVANCE DIRECTIVES

You have the right to let us and your family know how you would want to be taken care of if you became seriously ill or injured and could not communicate with your physician. Your instructions can be stated in a document called an Advance Directive. ArchCare Senior Life encourages you to think about this now before an extreme situation occurs. Please speak with us and get information about how to formulate your Advance Directive. Examples of such documents include a signed and witness statement with your instructions called a Living Will, a "Do Not Resuscitate" (DNR) order, or a form called a Health Care Proxy. New York State has a law that allows you to appoint a Proxy who is someone you trust, for example a family member or close friend, to decide about your treatment if you lose the ability to decide for yourself. Be sure to discuss your wishes with your agent(s) to make certain that he or she acts in accordance with your wishes. You may also use the NYS Health Care Proxy form we gave you to indicate your wishes regarding organ donation in the event of your death.

# PROTECTION OF MEMBER CONFIDENTIALITY

ArchCare Senior Life is committed to respecting your privacy. We keep your health records confidential, making them accessible only to appropriate health professionals, health care providers, and authorized personnel as necessary for your proper care as a member of ArchCare Senior Life. All of ArchCare Senior Life's procedures are in compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA).

**USEFUL TIP:** Remember to carry your ArchCare Senior Life identification card at all times.

## DO I HAVE TO PAY TO RECEIVE SERVICES

ArchCare Senior Life provides and coordinates services that are typically covered by Medicare and Medicaid. As a member of ArchCare Senior Life, you will pay nothing. If you are eligible for Medicaid with spend-down, you pay the monthly spend-down amount to ArchCare Senior Life.

If you choose to access services on your own that are not covered, not authorized or obtain services from a non-participating provider that are not authorized by ArchCare Senior Life, you may be responsible for payment of these services.

## MONTHLY SPEND DOWN (SURPLUS)

If you are required to pay a monthly spend-down (Surplus) in order to receive Medicaid benefits, the Human Resource Administration (HRA) will determine the spend-down amount to be paid by you to ArchCare Senior Life in order for you to keep your Medicaid coverage active. If you have a spend-down (surplus) or a NAMI (Net Available Monthly Income), a bill will be sent to you each month requesting payment. If your bill is not paid on time; we will make an effort to collect payment by sending you another copy of the bill and making a follow-up call. If these efforts fail, you will receive a letter letting you know that you may no longer be able to continue enrollment in ArchCare Senior Life. Your spend-down payment, by check or money order, should be sent to the following address:

ArchCare Senior Life  
Attn: Finance  
205 Lexington Avenue, 2nd Floor  
New York, NY 10016

If payment cannot be sent by mail, please contact us Monday through Friday, 8:30 am to 5:00 pm at (866) 263-9083 so that other arrangements can be made.

## WITHDRAWAL OF ENROLLMENT

You may withdraw your application at any time during the enrollment process. You may elect to withdraw your enrollment application prior to enrollment by advising us orally or in writing, and we will confirm your withdrawal in writing.

## DENIAL OF ENROLLMENT

Enrollment will be denied if after assessment by ArchCare Senior Life, you do not meet the criteria:

1. Capable of returning to, or remaining in your home and community without jeopardizing your health and safety.
2. In need of community based long term care services and care management from ArchCare Senior Life for more than 120 days from the date of enrollment.

Enrollment will be denied by New York Medicaid Choice/Maximus if, after assessment by ArchCare Senior Life, you do not meet these criteria.

If you do not meet the eligibility criteria for age, county of residence, and Medicaid eligibility, you may not be assessed for enrollment. If you choose to pursue enrollment even though you are not eligible, we will send this information to New York Medicaid Choice/Maximus for review and eligibility determination.

# WHAT SERVICES ARE COVERED BY ARCHCARE SENIOR LIFE?

Below is the list of services covered by ArchCare Senior Life. Your care must be “medically necessary” as determined by our PCP and your Care Management Team. This means that the service you get are needed to prevent, diagnose, correct, or

cure any conditions that you might have that cause acute suffering, endanger your life, result in illness or infirmity, interfere with your capacity for normal activity, or threaten some significant disability.

Covered services are provided to you through a network of ArchCare Senior life participating health care providers as listed in our Provider Directory. This is updated and given to each member at least once a year. The following Medicaid and Medicare services are covered by ArchCare Senior Life:

MEDICAID COVERED SERVICE	COVERAGE RULES
<p><b>Care Management</b></p> <p>Your Care Manager will assess your health care on an on going basis with your Care Management Team. Your Care Manager will also be responsible for the coordination and delivery of planned services.</p>	<p>Every member will be assigned to a Care Manager.</p>
<p><b>Non- Emergency Transportation</b></p> <p>Non-Emergency Transportation is transport by ambulance, ambulette, Taxi or livery service or public transportation at the appropriate level for the member’s condition to obtain necessary medical care and services reimbursed under the Medicaid or the Medicare programs.</p>	<p>You must receive Non-Emergency Transportation from the ArchCare Senior Life provider Network, and you must obtain authorization from the Plan.</p>
<p><b>Home Care</b></p> <p>Includes the following services, which are of a preventive, therapeutic rehabilitative, health guidance and/or supportive nature: nursing services, home health aide services, nutritional services, social work services, physical therapy, occupational therapy and speech/language pathology.</p>	<p>When a service is covered by either Medicare or Medicaid , you will have to use a provider that is in the ArchCare Senior Life Provider Network. and obtain authorization from the Plan.</p> <p>Your ArchCare Senior Life PCP will provide the written orders needed to access services within the provider network.</p>
<p><b>Personal Care</b></p> <p>Personal Care is some or total assistance with activities such as personal hygiene, dressing and feeding and nutritional and environmental support function task.</p>	<p>You must receive Personal Care from the ArchCare Senior Life Provider Network, and you must obtain authorization from Plan.</p>



MEDICAID COVERED SERVICE	COVERAGE RULES
<p><b>Consumer Directed Personal Assistance Services (CDPAS)</b></p> <p>CDPAS is some or total assistance with personal care tasks, home health aide tasks and/or skilled nursing tasks by consumer directed personal assistant under the instruction, supervision and direction of a consumer or designated representative. There is flexibility and freedom in choosing the consumer directed personal assistant or caregiver.</p>	<p>You must obtain authorization from the Plan and you must work with a “fiscal intermediary” who is in contract with ArchCare Senior Life to administer the wage and benefit for your CDPAS service. Your ArchCare PCP may provide written orders for this service.</p>
<p><b>Physical Therapy, Occupational Therapy, Speech Pathology in setting outside the home</b></p> <p>Physical therapy (PT) is rehabilitation services provided by a licensed and registered physical therapist for the purpose of maximum reduction of physical or mental disability and restoration of the member to his or her best functional level.</p> <p>Occupational therapy (OT) is rehabilitation services provided by a licensed and registered physical therapist for the purpose of maximum reduction of physical or mental disability and restoration of the member to his or her best functional level.</p> <p>Speech/ Language pathology (SP) is rehabilitation services for the purpose of maximum reduction of physical or mental disability and restoration of the member to his or her best functional level.</p>	<p>You must receive Physical Therapy, Occupational Therapy and/or Speech Pathology from the ArchCare Senior Life Provider Network, and you must obtain authorization from Plan.</p> <p>Your ArchCare Senior Life PCP will provide written orders needed to access services within the provider network.</p> <p>Therapy services may be provided in any of our PACE Centers or in your home.</p>

MEDICAID COVERED SERVICE	COVERAGE RULES
<p><b>Nursing Home Care</b></p> <p>Care provided in Skilled Nursing Facility.</p>	<p>Short term rehabilitative stays may be covered by Medicare. If your stay in a nursing home is covered by Medicare, you will have to choose a nursing home with in the ArchCare Senior Life Provider Network. If your Medicare benefits expire, your stay would become Medicaid-covered. If that should happen, you will have to use an ArchCare in-network provider and obtain authorization from the Plan.</p> <p>Long term care placement is covered and your Care Team can help you apply for this. You must use an in-network provider and obtain authorization from the Plan.</p> <p>Your PCP in ArchCare will provide written orders needed to access services within the provider network.</p>
<p><b>PACE Adult Day Center Health Care</b></p> <p>Day center health care provides care and services in a residential health care facility or approved extension site. Day health care centers are under the medical direction of a physician and are set up for those who are functionally impaired but who are not homebound. To be eligible, you must require certain preventive, diagnostic, therapeutic and rehabilitative or palliative items or services. Day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy and dental, pharmaceutical, and other ancillary services, as well as leisure time activities that are a planned program of diverse and meaningful activities.</p>	<p>You must receive Day Center Health Care at one of our PACE Center locations within each of our service areas.</p>
<p><b>PACE Social Day Care</b></p> <p>Social Day Care at PACE is a structured, comprehensive program that provides functionally impaired individuals with socialization, supervision and monitoring, personal care and nutrition in a protective setting during any part of the day, but for less than 24-hour period.</p>	<p>You must receive Social Day Care at one of our PACE Centers locations within each of our service areas.</p>

MEDICAID COVERED SERVICE	COVERAGE RULES
<p><b>Optometry/Eyeglasses</b></p> <p>Optometry includes the services of an optometrist and an ophthalmic dispenser, and includes eyeglasses, medically necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom made) and low-vision aids.</p>	<p>You must receive Optometry services and eyeglasses from the ArchCare Senior Life Provider Network. Generally, an eye exam and a pair of eyeglasses are provided once every two years unless you have diabetes or unless services are medically needed more frequently.</p> <p>Your ArchCare Senior Life PCP will provide written orders needed to access services within the provider network.</p>
<p><b>Audiology/Hearing Aids</b></p> <p>Audiology services include audiometric examination or testing, hearing aid evaluation, conformity evaluation and hear aid prescription or recommendations, if indicated. Hearing aid services include selecting, fitting and dispensing of hearing aids, hearing aid checks following dispensing and hearing aid repairs. Products include hearing aids, ear molds, batteries, special fittings and replacement parts.</p>	<p>Audiology exams are covered and you can receive the care from a provider that is in the ArchCare Provider Network.</p> <p>Your ArchCare Senior Life PCP will provide written orders needed to access services within the provider network.</p>
<p><b>Podiatry</b></p> <p>Podiatry means services by a podiatrist, which must include routine foot care when the member's physical condition poses a hazard due to the presence of localized illness, injury or symptoms involving the foot, or when they are performed as a necessary and integral part of medical care such as the diagnosis and treatment of diabetes, ulcers, and infections. Routine hygienic care of the feet, the treatment of corns and calluses, the trimming of nails, and other hygienic care such as cleaning or soaking feet, is not covered in the absence of pathological condition.</p>	<p>Podiatric exams are covered and you can receive care from a provider that is in the ArchCare Senior Life Provider Network. When the service is covered by Medicaid, you will have to use an in-network provider.</p> <p>Your ArchCare Senior Life PCP will provide written orders needed to access services within the provider network.</p>
<p><b>Dentistry</b></p> <p>Preventive, prophylactic and other dental care, services and supplies, routine exams, prophylaxis, oral surgery, and dental prosthetic and orthotic appliances required to alleviate a serious health condition including one which affects employability.</p>	<p>Dental services is a covered service and you will receive the care from a provider that is in the ArchCare Senior Life Provider Network.</p>

MEDICAID COVERED SERVICE	COVERAGE RULES
<p><b>Home-Delivered or Congregate Meals</b></p>	<p>You must receive Home-Delivered or Congregate Meals from ArchCare Senior Life Provider Network, and you must obtain authorization from the Plan.</p>
<p><b>Respiratory Therapy</b></p> <p>The performance of preventive, maintenance and rehabilitative airway-related techniques and procedures including the application of medical gasses, humidity, aerosol, intermittent positive pressure, continuous artificial ventilation, the administration of drugs through inhalation and related airway management, patient care, instruction of patients and provision of consultation to other health personnel.</p>	<p>You must receive Respiratory Therapy from the ArchCare Senior Life Provider Network, and you must obtain authorization from the Plan.</p> <p>Your ArchCare Senior Life PCP will provide written orders needed to access services within the provider network.</p>
<p><b>Nutrition Services/Counseling</b></p> <p>The assessment of nutritional needs and food patterns, or the planning for the provision of foods and drinks appropriate for the individual's physical and medical needs and environment conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs.</p>	<p>You must receive Nutritional Services/Counseling from the ArchCare Senior Life Provider Network, and you must obtain authorization from the Plan.</p>
<p><b>Medical and Surgical Supplies/ Enteral Feeding and Supplies/Parenteral Nutrition and Supplies</b></p> <p>Medical and surgical supplies are items for medical use other than drugs, prosthetic or orthotic appliance and devices and durable medical equipment or orthopedic footwear that treat a specific medical condition, which are usually consumable, non-reusable, disposable, for a specific purpose and generally have no salvageable value.</p>	<p>These items are covered and you will receive the items from a provider that is in the ArchCare Senior Life Provider Network.</p>

MEDICAID COVERED SERVICE	COVERAGE RULES
<p><b>Durable Medical Equipment / Assistive Technology</b></p> <p>Durable medical equipment is made up of devices and equipment, including prosthetic, orthotic appliances and devices, which have been ordered by a practitioner in the treatment of specific medical condition and which have the following characteristics:</p> <ul style="list-style-type: none"> <li>• Can withstand repeated use for a protracted period of time</li> <li>• Are primarily and customarily used for medical purposes</li> <li>• Are generally not useful in the absence of injury</li> <li>• Are not usually fitted, designed or fashioned for a particular individual's use</li> </ul> <p>Where equipment is intended for use by only one patient, it may be either custom-made or customized.</p>	<p>These items are covered and you will receive the item from a provider that is in the ArchCare Senior Life Provider Network.</p> <p>Your PCP in ArchCare will provide written orders needed to access services within the provider network.</p>
<p><b>Social and Environmental Supports / Assistive Technology / Environmental Modifications</b></p> <p>Social and environmental supports are services and items that maintain the medical needs of the member and include, the following:</p> <ul style="list-style-type: none"> <li>• Home maintenance tasks</li> <li>• Homemaker/chore services</li> <li>• Housing improvement</li> <li>• Respite care</li> <li>• Examples of Environmental Modifications include, but are not limited to: <ul style="list-style-type: none"> <li>• Ramps</li> <li>• Lifts that require modifications to the home: Hydraulic, manual or electric</li> <li>• Widened doorways</li> <li>• Roll-in showers and or accessible tubs</li> <li>• Cabinet and shelving adaptations</li> <li>• Installations of handrails, grab bards</li> <li>• Automatic or manual door openers and doorbells</li> <li>• Water faucet controls</li> <li>• Electrical and plumbing accommodations for new equipment</li> </ul> </li> </ul>	<p>You must receive social and environmental supports from the ArchCare Senior Life Provider Network, and you must obtain authorization from the Plan.</p>

MEDICARE COVERED SERVICES <sup>3</sup>	DEFINITION
<p><b>Personal Emergency Response Systems (PERS)</b></p> <p>PERS is an electronic device that enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency. In the event of an emergency, the signal is received and appropriately acted on by a response center.</p>	<p>You must receive PERS from the Provider Network, and you must obtain authorization from the Plan.</p>
<p><b>In-patient Hospital care services</b></p>	<p>A hospital or other institutional bed for receiving care, including room, board and general nursing.</p>
<p><b>Out-patient hospital care services</b></p>	<p>Care received in a clinic, medical office or other site affiliated with a hospital but not occupying a regular hospital bed.</p>
<p><b>Physician Services</b></p>	<p>Preventive care, primary medical care and specialty services that fall within a physician's scope of practice.</p>
<p><b>Laboratory and Radioisotopes Services</b></p>	<p>Tests and procedures ordered by a qualified medical professional.</p>
<p><b>Emergency Transportation</b></p>	<p>Transportation by ambulance as a result of an emergency condition.</p>
<p><b>Chronic Renal Dialysis</b></p>	<p>Method used to treat advanced and permanent kidney failure, provided by a renal dialysis center.</p>
<p><b>Mental Health Services</b></p>	<p>Medical specialty concerned with the prevention, diagnosis, and treatment of mental illness.</p>
<p><b>Alcohol and Substance Abuse Services</b></p>	<p>Treatment to end the excessive use of a substance such as alcohol or drugs.</p>
<p><b>Prescription Drugs Part D Medicare Coverage</b></p>	<p>Medications prescribed and/or recommended by a physician. Prescriptions prepared by a Pharmacist.</p>

ArchCare Senior Life covers the traditional Medicare services listed above. The ArchCare Senior Life PCP will provide written orders for these services as required and will work with Medical Specialists to coordinate services. Benefits cannot be transferred from you to any other person or organization.

## NURSING HOME CARE

During your membership with ArchCare Senior Life there may be times when your PCP, your care team, you and your family, decide that the best short or long-term care for you is within a nursing facility. This may be because your home is no longer the best place for you to be taken care of safely and comfortably. The Archcare Senior Life care team will coordinate this transition for you. During this time, you will continue to receive your care through ArchCare Senior Life.

When nursing home care is required, a semi private room will be provided in a network facility. Sometimes a private room is required due to medical necessity. If this is required, a private room will be covered. The ArchCare Senior Life plan does not cover personal conveniences such as telephone, radio or television rental.

## THE ARCHCARE SENIOR LIFE CARE TEAM

Upon your enrollment, you will be assigned a Primary Care Physician (PCP) and a Care Team. The team is comprised of a nurse, social worker, dietician, rehabilitation therapist, transportation coordinator and center manager as well as other health care specialists. The staff is dedicated to you and is available to help you manage your chronic health problems. Your PCP, along with staff from your Care Team, will meet with you and your family to develop a Plan of Care that meets your needs. The Plan of Care is a written description of all the services you need. It is based on an assessment of your health care needs, the recommendation of your doctors and your personal preferences. You will be given a copy of the Plan of Care for your records, which will include a listing of how often and how long you will receive your authorized services.

Your Care Team will follow up with you on a regular basis to check on your health care status by meeting with you when you attend one of our PACE centers, scheduling visits in your home or calling

you on the phone. Your Care Team in cooperation with your PCP will ensure that you are receiving all needed and ordered services. Below is a list of some other services you can expect from your care team;

- Authorize covered services for you based on medical necessity
- Talk to you, your medical specialist, and your family member or representative about changes or updates to your Plan of Care;
- Be available to you, or provide coverage by another Care Manager, 24 hours a day to assist you with urgent care or other issues.

## THE PACE CENTER

ArchCare Senior Life operates three PACE Centers located within The Bronx, Manhattan and Staten Island. Each Center is staffed with a Primary Care Physician and or a Nurse Practitioner to provide needed medical services. Our PACE Centers feature state-of-the-art health clinics staffed by doctors, nurses and other professionals who specialize in caring for seniors. Advanced health care services can be provided on site such as blood drawing, administration of medications and individualized rehabilitation services provided by a Physical and or Occupational therapist. Should you require post hospital or short term nursing home services due to an acute injury or illness, our team will coordinate the care and services needed either on site at one of our Centers or home care services. An on site day center provides a place to engage in a variety of activities, enjoy a healthy lunch, socialize with friends or just relax.

Most of your covered services will be coordinated within your home, or in the community within one of the ArchCare Senior Life PACE Centers. You may access services in a medical office for Dental, Podiatry, Audiology or Optometry services and if needed, you may receive inpatient nursing home services in one of the in-network Hospital or Nursing facility.

Access to participating providers for covered services is listed in the ArchCare Provider Directory. This directory is provided upon enrollment and annually. You can access covered services from a wide selection of in-network providers. ArchCare Senior Life covers all of your Medicare and Medicaid covered services and associated co-pays for covered services. Network providers will be paid in full directly by ArchCare Senior Life for each service authorized and provided to you with no co-pay or cost to you. Although there is no cost to you for individual services, you are required to pay the Medicaid Spend Down (Surplus), if you have one, to maintain your Medicaid benefit. See section in this handbook on Monthly Spend down for further information. Monthly Spend down does not apply to private pay members.

If you receive a bill for covered services authorized by ArchCare Senior Life, please contact your Care Team. You may be responsible for payment of covered services that were not authorized by ArchCare Senior Life, or for covered services that are obtained by providers outside of ArchCare Senior Life's network.

If you have questions about the qualifications of any provider, you can ask your Care Team.

## TRANSITIONAL CARE

If you have a life-threatening disease or condition or a degenerative or disabling condition on enrollment, you may continue an ongoing course of treatment with a non-network health care provider for up to 60 days after enrollment. The provider must accept payment at the ArchCare Senior Life rate, adhere to ArchCare Senior Life quality assurance and other policies and procedures, and provide ArchCare Senior Life with information so we may review these circumstances.

## PLAN OF CARE

You, your family, your PACE PCP and your Care Team will work together to develop a Plan of Care that meets your needs. The Plan of Care is a written description, including the amounts, frequency, and duration of all the services you need. It is based on ArchCare Senior Life's assessment of your health and preferences, and the recommendations and medical orders of your doctors and other caregivers. Your Care Team will work together and implement any changes to your Plan of Care. They will periodically evaluate it with you to ensure that the services you are receiving continue to meet your needs.

You are an important member of the Care Team, so please discuss your needs with your ArchCare PCP and Care Team if you have a need for any services you are not receiving or wish to change your Plan of Care in any way. For example, you may request to be seen by a Physical Therapist more often than was authorized originally, or you may be receiving service that you feel you no longer need. Also, please let your Care Team know if you are not taking your prescribed medications or have made any medication changes on your own.

## PROVIDER NETWORK

When you need to access covered services, your Care Team will select or assist you in selecting providers from ArchCare Senior Life's Provider Directory and will make and/or assist you with the arrangements, including transportation, for you to receive the needed services. If you are dissatisfied with a specific provider, you may call your Care Team and request a change and he or she will help you select a new provider in time for your next scheduled or requested appointment.



# TRANSITIONAL CARE FROM NETWORK PROVIDERS

Should your ArchCare Senior Life network provider leave ArchCare Senior Life during an ongoing course of treatment, your Care Team can arrange payment for the continuation of medically necessary treatment from this provider for a transitional period of up to 90 days. We will ensure that you are kept updated on new service providers and their availability by issuing new listing or yearly updates, or more often as needed.

## EMERGENCY CARE

An emergency is a sudden onset of a medical or behavioral condition that manifests itself by symptoms of sufficient severity including severe pain that a prudent layperson possessing an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of the person or others in serious jeopardy;
- Serious impairments to such person's bodily functions;
- Serious dysfunction of any bodily organ or part of such person;
- Serious disfigurement of such person

Emergency services are services needed to evaluate or stabilize an emergency medical condition, and are NOT subject to prior authorization by ArchCare Senior Life.

If you have an emergency:

- Call 911; or
- Go to the nearest emergency facility, and show your Medicare and/ or Medicaid identification card(s) and your ArchCare Senior Life identification card and any other health insurance card.

You or someone on your behalf should notify ArchCare Senior Life as soon as possible afterwards so that we and the PACE PCP can provide or help you obtain any services you may need after your condition is stabilized.

## OUT-OF-AREA CARE

If you plan to be away from home or outside the service area of the county that you live in, please notify your Care Team as soon as possible so that they can help arrange any appropriate services that you may need in the area you will be visiting. ArchCare Senior Life will work with you to plan your needs and will continue to provide non-emergency covered services to the extent that they can be arranged with the area providers. You can use your Medicare or Medicaid identification card or any other health insurance card to access non-covered services in the services area and outside of the service area, if the health care provider accepts Medicare or New York State Medicaid.

If you are out of the area and have an emergency, go to the nearest emergency facility.

You or someone on your behalf should notify ArchCare Senior Life as soon as possible afterward.

An urgent medical or behavioral condition happens unexpectedly, and usually care or services are needed within 24 to 28 hours. If you are outside the service area and become ill and it is urgent but not an emergency, please call your Care Team for guidance or seek the care you need and notify ArchCare Senior Life as soon as possible afterward. This will enable your Care Team to change your Plan of Care if necessary, arrange follow-up care if needed, and coordinate services for you.

# SERVICES AUTHORIZATION

A member of the ArchCare Senior Life Care Team will authorize your covered services for specific amounts and period of time based on your needs and requests of your network providers.

A request from you or from your provider on your behalf for authorization for a new service in a new or existing authorization period, or a change of service in the Plan of Care in a new authorization period is called Prior Authorization. A Concurrent Review is a request by an ArchCare Senior Life member or provider on the member's behalf for additional services (more of the same services) that are currently authorized in the Plan of Care. You may also request that ArchCare Senior Life expedite the decision about a change in your Plan of Care.

ArchCare Senior Life must decide whether to make the request changes and must notify you by phone and in writing as fast as your condition requires, but in no more than the time frames below. If the provider indicates or we determine that a delay would seriously jeopardize your life, health or your ability to attain, maintain or regain maximum function, we will expedite the review. Should we deny the request from you to expedite our review, we will notify you and will handle it as a standard review.

For prior Authorization, we will decide and notify you as fast as your condition requires or within three business days after we receive the necessary information, but in no more than 14 days after we receive the request for services. If expedited, we will decide and notify you as fast as your condition requires or within three business days after we receive the request.

For Concurrent Reviews, we will decide and notify you as fast as your condition requires or within one business day after we receive the necessary information, but in no more than 14 days after we receive the request for services. If expedited, we will decide and notify you as fast as your condition requires or within one business day after we receive

the necessary information, but in no more than three business days after we receive the request.

You or your provider may request an extension of up to 14 calendar days. ArchCare Senior Life may initiate an extension of up to 14 calendar days if the reason is in your interest and well documented and justified.

If your Care Team agrees with the request for a new service or change in service, we will change your Plan of Care. Should ArchCare Senior Life decline to authorize a service or intend to reduce, suspend, or terminate an authorized service, we will advise you in writing, and you or your provider may file an appeal of the denial. Any decision that denies any part of a service requested by you or your providers is a Notice of Action. You or your provider may appeal a Notice of Action. (See Filing an Appeal).

## YOUR RIGHTS AND RESPONSIBILITIES AS A ARCHCARE SENIOR LIFE MEMBER

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. ArchCare Senior Life is the program that you have joined.

When you join ArchCare Senior Life's PACE program, you have certain rights and protections. ArchCare Senior Life 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:**

1. To get all of your health care in an accessible manner, in a safe, clean environment.
2. To be given a statement of the services available and any related charges. This includes being advised before care is given if payment is expected from any third party payer and if you are expected to pay. We must inform you of any changes relating to services and charges as soon as we become aware, but no later than 30 days after. We must inform you both verbally and in writing.
3. To be free from harm. This includes physical or mental abuse, excessive medication, 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.
4. To be encouraged to use your rights in ArchCare Senior Life and be informed of all the services we provide, when and how services will be provided, and the names and titles of any PACE staff person and affiliated agency providing care and services.
5. To complain without fear of reprisals about the care and services you are receiving and to have us respond to you. Written complaints will be responded to in writing. If you make an oral complaint, you may request a written response. If you are not satisfied with the response, you can complain to the New York State Department of Health. We must provide you with the Department of Health's phone number. -the phone number for the Department of Health is 212-417-5888). You may also write to the New York State Department of Health by sending a letter to:  
90 Church Street  
15th Floor  
New York, NY 10007  
Attention: Home Health Care Service  
Program Director
6. To be encouraged and helped in talking to ArchCare Senior Life staff about all decisions concerning your treatment and plan of care, and to be informed of any changes before the change is made.

7. To use a telephone while at the ArchCare Senior Life Center.
8. To not have to do work or services for ArchCare Senior Life.

**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/Ethnicity and National Origin
- Religion
- Age
- Sex
- Mental or physical ability
- Sexual Orientation
- Source of payment for your health care (For example, Medicare or Medicaid)

If you think you have been discriminated against for any of these reasons, contact a staff member at ArchCare Senior Life 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 health care 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 ArchCare Senior Life interpret the information into your preferred language in a culturally competent manner, if your first language is not English and you cannot speak English well enough to understand the information being given to you.
- To get marketing materials and 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 ArchCare Senior Life. ArchCare Senior Life must also post these rights in a public place in the PACE center where it is easy to see them.
- To be fully informed, in writing, of the services offered by the ArchCare Senior Life. This includes telling you which services are provided by contractors instead of ArchCare Senior Life. 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 ArchCare Senior Life. Federal and State agencies review all PACE programs. You also have a right to review how the ArchCare Senior Life 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 health care provider within ArchCare Senior Life’s network and to get quality health care. Women have the right to get services from a qualified women’s health care specialist for routine or preventive women’s health care services.

### **You have a right to access emergency services.**

You have the right to get emergency services when and where you need them without ArchCare Senior Life’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 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 ArchCare Senior Life explain advance directives and to help you create one, if you desire. 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. ArchCare Senior Life must document the reason for the transfer in your medical record.

### **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 and request amendments to your medical records.

### **You can also be assured that:**

- All of the information in your health record, including information contained in an automated data bank is treated in a confidential manner at all times.
- Your written consent will be required and obtained before any information is released to any person not otherwise authorized under law to receive it.
- You have the right to provide written consent that limits the degree of information and the persons to whom information may be given.

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, please call the Office for Civil Rights at 1-800-368-1019. TTY users should call 1-800-537-7697. You also have the right to confidentiality in the treatment, payment, and health care operations, provided that such use or disclosure is consistent with other applicable requirements of the HIPPA Privacy Rule.

### **You have a right to file a complaint.**

You have a right to submit a complaint about the quality of your care and services provided (or not provided) to you by ArchCare Senior Life. You may submit a complaint should you feel that any of your property has not been treated with respect by anyone from the agency, or those who provide services or care on behalf of ArchCare Senior Life. You have the right to a fair and timely process for resolving concerns with ArchCare Senior Life.

### **You have the right:**

- To a full explanation of the complaint process
- To be encouraged and helped to freely explain your complaints to ArchCare Senior Life 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 be informed in writing, if requested, of the findings and decisions of the complaint investigation rendered by the agency within 15 days of receiving your complaint;
- To be advised of your right to appeal the outcome of the decision by ArchCare Senior Life, staff, or contractors and to be informed of the appeal procedure (see appeal procedure below).
- Appeal procedure: You are entitled to a review within 30 days of receipt of your appeal. You will be notified of the response; if you are not satisfied, you may submit your complaint to the Department of Health's Office of Health Systems Management

### **You have a right to leave the program.**

If, for any reason, you do not feel that ArchCare Senior Life is what you want, you have the right to leave the program at any time.

## **VOLUNTARY DISENROLLMENT**

You may request to voluntarily leave ArchCare Senior Life at any time, for any reason by letting ArchCare Senior Life know verbally or in writing. This request starts the process to leave ArchCare Senior Life and arrange care through New York Medicaid Choice/Maximus. Voluntary disenrollment requests are sent to New York Medicaid Choice/Maximus for processing.

You may contact our member service line at (866) 263-9083 for any questions or to speak with a member of your care team for assistance in completing any necessary documents, arranging care for you, and obtaining New York Medicaid Choice/Maximus approval.

## **INVOLUNTARY DISENROLLMENT**

Involuntary Disenrollment means that ArchCare Senior Life has decided that you are no longer able to be a member. There are circumstances under which ArchCare Senior Life must disenroll you, and other circumstances under which ArchCare Senior Life may disenroll you. ArchCare Senior Life will not discriminate based on health status, change in health status, or the need of or the cost of covered services.

ArchCare Senior Life **Must** Disenroll You If:

1. ArchCare Senior Life is aware that you no longer live in the ArchCare Senior Life service area;
2. You moved within ArchCare Senior Life service areas and you are denied continued enrollment by the receiving enrollment agency (New York Medicaid Choice/Maximus) evaluating our assessment of eligibility for continued enrollment;

3. You leave the ArchCare Senior Life service area for any reason for more than 30 consecutive days;
4. You lose your Medicaid eligibility and you do not want to pay the private pay premium;
5. You are hospitalized or enter an OMH, OPWDD, or OASAS residential program for more than 45 days;
6. You clinically require nursing home placement but do not qualify for institutional Medicaid.

## ARCHCARE SENIOR LIFE MAY DISENROLL YOU IF;

1. You fail to pay or make arrangements with ArchCare Senior Life to pay any amount owed, for example, Private Pay, a Medicaid spend-down (Surplus), within 30 days after the amount first becomes due.
2. You or family/caregiver or others in your home engage in conduct or behavior that seriously impairs ArchCare Senior Life's ability to furnish services to you or to other enrollees, and we have made and documented reasonable efforts to resolve the situation (unless the conduct or behavior is related to an adverse change in your health status or service usage, diminished mental capacity, or result of your special needs.)
3. You knowingly fail to complete and submit any necessary consent or release which is reasonably requested by ArchCare Senior Life to obtain covered services.
4. You provide false information, deceive, or defraud ArchCare Senior Life.

Involuntary disenrollment requests are sent to New York Medicaid Choice/Maximus for review and approval.

## WHEN DOES A DISENROLLMENT BECOME EFFECTIVE?

If you have Medicaid, the effective date of disenrollment from ArchCare Senior Life will be the first day of the month following the month in which the disenrollment request is received and is processed by New York Medicaid Choice/Maximus. Generally, a signed request form must be received by ArchCare Senior Life by the 15th of the month for disenrollment to become effective the next month. For example, if a form is received on May 3rd, you would be disenrolled June 1st. If a form is received May 20th, you would be disenrolled on July 1st. This applies to both voluntary and involuntary disenrollments.

ArchCare Senior Life will provide services until the effective disenrollment date. ArchCare Senior Life will also assist you by making referrals and helping you arrange for services through New York Medicaid Choice/Maximus.

## RE-ENROLLMENT PROVISIONS

If you voluntarily disenroll from ArchCare Senior Life, you will be allowed to re-enroll in the program if you meet our eligibility criteria for enrollment. If you are involuntarily disenrolled, you may be considered for re-enrollment in the program if the circumstances that were the basis for disenrollment have been resolved.

## PRIVATE PAY

You may be eligible to enroll in Archcare Senior Life even if you are not eligible for Medicaid if you agree to pay the full premium for coverage to Archcare Senior Life. The private pay member premium is equal to the amount of the Medicaid and Medicare premium payment as approved for Archcare Senior Life by the New York State Department of Financial Services. You must pay this amount on the first day

of the first full month that services are provided by ArchCare Senior Life. You will have a one month grace period if your premium is overdue. ArchCare Senior Life will send you a letter advising you of the late payment and inform you that termination can and will result for non-payment of services. You will continue to receive benefits during this grace period. If your payment is not received, or alternative payment arrangements has not been approved, your enrollment will be terminated, and you must pay for the services that you received during the grace period. A written notice of termination will be provided. Your premium cannot be pro-rated and is not refundable.

Monthly payment to ArchCare Senior Life remains the same even if you experience changes in your health. Premium payments may be made by check or money order to:

ArchCare Senior Life  
205 Lexington Avenue, 2nd Floor  
New York, NY 10016

Private pay premiums for Medicaid or Medicare portion of premium payments will be discussed with you. You will receive a monthly statement of amount owed. If you have Medicare, your Medicare coverage will be capitated with ArchCare Senior Life as well as your Part D prescription drug benefits.

The services and plan described in this handbook apply to private pay members with certain exceptions as noted in this handbook including, but not limited to, the following:

- NYC Maximus concurrence for enrollment and disenrollment is not required,
- New York State Medicaid Fair Hearing cannot be requested
- New York State External Appeals process
- The ArchCare Senior Life Internal Grievance and Appeal process.

Private Pay enrollees must sign an enrollment attestation/agreement. Private pay members may enroll and disenroll at any time during the month. Premium payments will be adjusted according to days of services received.

## WHAT IS A GRIEVANCE

A grievance is any communication to us by you or a provider on your behalf expressing dissatisfaction about the care and treatment you receive through ArchCare Senior Life which does not involve a change in the scope, amount, or duration of service. For example, if someone was rude to you or you do not like the quality of care or services you have received, you can file a grievance with us.

## THE GRIEVANCE PROCESS

1. You may file a grievance with us verbally or in writing. The person who receives your grievance will record it, and the appropriate staff will oversee the review of the grievance. If we are not able to immediately investigate and resolve the grievance the same day, the grievance will be acknowledge within 5 days and resolved within 15 days.

## HOW TO FILE A GRIEVANCE ?

There are several ways you can file a grievance. You may report a grievance with any member of the ArchCare Senior Life staff. You can call us toll free at (866) 263-9083 during regular business hours and after hours or weekends. You can write to us at;

ArchCare Senior Life  
Attention: Quality Management  
1432 5th Avenue  
New York, NY 10035

If you are hearing impaired, you can contact ArchCare Senior Life by calling the New York Relay Service at (800) 421-1220 (voice) or (800) 662-1220 (TTY). They will help you file a complaint and will contact us at (866) 263-9083.

There will be no change in your services or the way you are treated by ArchCare Senior Life staff or a health care provider because you file a grievance.

We will maintain your privacy. We will give you any help you may need to file grievance. This includes providing you with interpreter services or help if you have vision and/or hearing problems. You may choose someone, for example a relative, friend or provider, to act for you.

When you contact us, you will need to give us your name, address, telephone number and details of the problem.

## HOW DO I REQUEST RECONSIDERATION, APPEAL OF A GRIEVANCE DECISION?

If you are not satisfied with the decision we made concerning your grievance, you may request a second review by filing a request for reconsideration. You must file this request within 60 days of receipt of our initial decision about your grievance. Once we receive your reconsideration request, we will send you a written acknowledgement within 15 days telling you the name, address and telephone number of the individual we have designated to respond to your reconsideration. All grievance reconsiderations will be conducted by appropriate professionals, including health care professionals for grievance involving clinical matters, who were not involved in the initial decision.

For standard grievance reconsiderations, we will make the reconsideration decision within 30 business days after we receive all necessary information to make our decision. If a delay in making our decision would significantly increase the risk to your health, we will use the expedited grievance appeal process. For expedited grievance appeals, we will make our appeal decision within 2 business days of receipt of necessary information. For both standard and expedited grievance appeals, we will provide you with written notice of our decision. The notice will include reason for our decision, and in cases involving clinical matters, the clinical rationale for our decision.

## WHAT IS A NOTICE OF ACTION?

When ArchCare Senior Life does the following it is considered a Notice of Action:

- Denies or limits services requested by you or your provider;
- Denies a request for a referral; decides that a requested service is not a covered benefit;
- Reduces, suspends or terminates services that we already authorized;
- Denies payment for services; or
- Does not provide timely services; or does not make grievance or appeal determinations within the required timeframes.

A Notice of Action is subject to appeal. (See How Do I file an Appeal of Notice of Action on the next page for more information.)

## TIMING OF NOTICE OF ACTION

If we decide to deny or limit services you requested or decide not to pay for all or part of covered services, we will send you a notice when we make our decision. If we are proposing to reduce, suspend, or terminate a service that is authorized, our letter will be sent more than 10 days before we intend to change the service.

## CONTENTS OF THE NOTICE OF ACTION

Any notice we send to you about an action will:

- Explain the action we have taken or intend to take;
- Cite the reasons for the action, including the clinical rationale, if any;
- Describe your right to file an appeal with us, including whether you may also have a right to the State's or Medicare appeal process;
- Describe how to file an internal appeal and the circumstance under which you can request that



we speed up, or expedite, our review of your internal appeal;

- Describe the availability of the clinical review criteria relied upon in making the decision, if the action involved concerned issues of medical necessity, or whether the treatment or service in question was experimental or investigational;
- Describe the information, if any that must be provided by you and/ or your provider in order for us to render a decision on appeal.

If we are reducing, suspending or terminating an authorized service, the Notice of action will also tell you about your right to have services continue while we decide on your appeal; how to request that services be continued; and the circumstances under which you might have to pay for services if they are continued while we are reviewing your appeal.

## HOW DO I FILE AN APPEAL OF AN ACTION?

If you do not agree with an action that we have taken, you may file an appeal. When you file an appeal, it means that we must review the reason for our action to decide if we were correct. You can file an appeal of an action with the plan verbally or in writing. When the plan send you a letter about an action its taking, such as denying or limiting services or not paying for services, you must file your appeal request within 45 calendar days of the date on our letter notifying you of the action. If you call us to file your request for an appeal, you must send a written request unless you ask for an expedited review.

## HOW DO I CONTACT MY PLAN TO FILE AN APPEAL?

You can reach us by calling 866-263-9083 or by writing to:

ArchCare Senior Life  
1432 5th Avenue  
New York, NY 10035  
Attn: Quality Management

If you are hearing impaired , you can contact ArchCare Senior Life by calling the New York Relay Service. You can reach them at (800) 421-1220 (voice) or (800) 662-1220 (TTY). They will help you file an appeal and will call us toll free at (866) 263-9083.

The person who receives your appeal will record it, and the appropriate staff will oversee the review of the appeal. We will send a letter within 15 days of our receipt telling you that we received your appeal and how we will handle it. Your appeal will be reviewed by knowledgeable clinical staff members who were not involved in the plan's initial decision or action that you are appealing.

For some actions, you may request to continue service during the appeal Process. If you are appealing a reduction, suspension or termination of services you are currently authorized to receive these services while we are deciding your appeal. We must continue your service if you make your request to us no later than:

- 10 days from our mailing of the notice to you about our intent to reduce, suspend or terminate your services
- The intended effective date of our action
- The expiration of the original period covered by the service authorization

Your services will continue until you withdraw the appeal, the original authorization period for your services has been met or until 10 days after we mail your notice about our appeal decision, unless you have requested a New York State Medicaid Fair Hearing with a continuation of services (See Fair Hearing Section) or Medicare external appeal process or both.

Although you may request a continuation of services while you appeal is under review, if your appeal is not decided in your favor, we may require you to pay for these services if they were provided, only because you asked to continue to receive them while your appeal was being reviewed.

## HOW LONG WILL IT TAKE THE PLAN TO DECIDE MY APPEAL OF A NOTICE OF ACTION?

Unless you ask for an expedited review, we will review your appeal of the action taken by us as a standard appeal and send you a written decision as quickly as your health condition requires, but no later than 30 days from the day we receive an appeal. The review period can be increased up to 14 days if you request an extension or we need more information and the delay is in your interest. During our review you will have an opportunity to present your case in person and in writing. You will also have the opportunity to look at any of your records that are part of the appeal review.

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

If we reverse our decision to deny or limit requested services, or reduce, suspend or terminate services, and services were not furnished while your appeal was pending, we will provide you with the disputed services as quickly as your health condition requires. In some cases you may request an "expedited" appeal. (See Expedited Appeal Process)

## EXPEDITED APPEAL PROCESS

If you or your provider feels that taking the time for a standard appeal could result in a serious problem to your health or life, you may ask for an expedited review of your appeal of the action. We will respond to you with our decision within two business days after we receive all necessary information. In no event will the time for issuing our decision be more than 3 business days after we receive your appeal. The review period can be increased up to 14 days if you request an extension or we need more information and the delay is in your interest. If we do not agree with your request to expedite your appeal, we will make our best efforts to contact you in person to let you know that we have denied your request for an expedited appeal and will handle it as a standard appeal. Also, we will send you a written notice of our decision to deny your request for an expedited appeal within two days of receiving your request.

## IF THE PLAN 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 ArchCare Senior Life. 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 we deny your appeal because of issues of medical necessity or because the service in question was experimental or investigational, the notice will also explain how to ask New York State for an "external appeal" of our decision.

Private Pay members may not request a Medicaid Fair Hearing.

# MEDICAID APPEAL PROCESS: STATE FAIR HEARINGS

If you are a Medicaid recipient, and we did not decide the appeal totally in your favor, you may request a Medicaid Fair Hearing from New York State within 60 days of the date we sent you the notice about our decision on your appeal. We will inform you of your New York State Fair Hearing rights, how to obtain a Fair Hearing, who can appear at the Fair Hearing on your behalf, and in some cases, your right to receive services while the Hearing is pending. Please ask a member of your care team if you have questions about the external appeal and Fair Hearing process.

If your appeal involved the reduction, suspension or termination of authorized services you are currently receiving, and you have requested a Fair Hearing, you may also request to continue to receive these services while you are waiting for the Fair Hearing decision. You must check the box on the form you submit to request a Fair Hearing to indicate that you want the services to continue. Your request to continue the services must be made within 10 days of the date the appeal decision was sent by us or by the intended effective date of our action to reduce, suspend or terminate your services, whichever occurs later. Your benefits will continue until you withdraw the appeal; or until the original authorization period for your services ends; or the State Fair Hearing Officer issues a hearing decision that is not in your favor, whichever occurs first.

If the State Fair Hearing Officer reverses our decision, we must make sure that you receive the disputed services promptly, and as soon as your health condition requires. If you received the disputed services while your appeal was pending, we will be responsible for payment for the covered services ordered by the Fair Hearing Officer.

Although you may request to continue services while you are waiting for your Fair Hearing decision, if your Fair Hearing is not decided in your favor, you may be responsible for paying for the services that were the subject of the Fair Hearing.

Private Pay members cannot request a New York State Medicaid Fair Hearing.

# STATE EXTERNAL APPEALS

If we deny your appeal because we determine the service is not medically necessary or is experimental or investigational, you may ask for an external appeal from New York State. The external appeal is decided by reviewers who do not work for us or New York State. These reviewers are qualified people approved by New York State. You do not have to pay for an external appeal.

When we make a decision to deny an appeal for lack of medical necessity or on the basis that the service is experimental or investigational, we will provide you with information about how to file an external appeal, including a form on which to file the external appeal along with our decision to deny an appeal. If you want an external appeal, you must file the form with the New York State Department of Financial Services within 45 days from the date we denied your appeal.

Your external appeal will be decided within 30 days. More time (up to 5 business days) may be needed if the external appeal reviewer asks for more information. The reviewer will tell you and us of the final decision within two business days after the decision is made.

You can get a faster decision if your doctor can say that a delay will cause serious harm to your health. This is called an expedited external appeal. The external appeal reviewer will decide on an expedited appeal in three days or less. The reviewer will tell you and us the decision right away by phone or fax. Later, a letter will be sent that tells you the decision.

You may ask for both a Fair Hearing and an external State appeal. If you ask for a New York State Fair Hearing and an external appeal, the decision of the New York State Fair Hearing officer will be the one that counts.

## MEDICARE APPEAL PROCESS

If you are enrolled in Medicare only and have completed the ArchCare Senior Life internal appeal process, you may choose to appeal using Medicare's external appeal process. ArchCare Senior Life staff will provide you with the appeal forms and can assist you with an appeal to the Medicare Designated Review Agent. If you have both Medicaid and Medicare, ArchCare Senior Life staff will assist you in deciding which appeal process to use, and will assist you with the appeal, as you cannot pursue both the Medicare and Medicaid appeal process. Private pay members may contact ArchCare Senior Life for assistance in accessing New York State Department of Health

## FILING COMPLAINTS WITH NEW YORK STATE DEPARTMENT OF HEALTH

If at any time you are dissatisfied with how ArchCare Senior Life has treated you or how we have handled your grievance or appeal, you may contact the Department of Health directly at:

The New York State Department of Health  
Division of Long Term Care  
Bureau of Managed Long Term Care  
Corning Tower Room 1911  
Empire State Plaza  
Albany, NY 12237  
1-866-712-7197

## SURVEYS AND MEMBER INPUT

We at ArchCare Senior Life are committed to providing the best possible service and care to our members, and your input will help us in our efforts to continually develop and improve the program. We may ask for your participation in ArchCare Senior Life Board or Quality Management committee meetings. You will also periodically receive a written Member Satisfaction Survey from ArchCare Senior Life requesting that you rate our performance and that you provide your comments and suggestions about ArchCare Senior Life. You can also call us at anytime with your comments.

## TO SUPPORT THE ARCHCARE SENIOR LIFE PROGRAM

- To appropriately express opinions, concerns and suggestions in the following ways including, but not limited to, express your opinions or concerns to your Care Team, or through the ArchCare Senior Life Grievance and Appeals Process.
- To review the Member Handbook and follow procedures to receive services.
- To respect the rights and safety of all those involved in your care and to assist ArchCare Senior Life in maintaining a safe home environment.
- To notify your Care Team at ArchCare Senior Life of any of the following;
  - if you are leaving the service area
  - if you have moved or have a new telephone number
  - any changes in condition that may affect our ability to provide care ArchCare Senior Life corporate office is located at the address below. You can access our office by using our

ArchCare Senior Life, Inc.  
205 Lexington Avenue, 2nd Floor  
New York, NY 10016  
Member Service line at (866) 263-9083

**Additional Information Available To Members  
Upon Written Request:**

**The following information is available upon  
request by the member:**

- A list of names, business addresses and official positions of the members of ArchCare Senior Life' Board of Directors, officers, controlling persons, owners or partners of ArchCare Senior Life;
- Most recent yearly certified financial statement of ArchCare Senior Life, including balance sheet and summary of monies received and paid out;
- ArchCare Senior Life procedures for protecting the confidentiality of medical records and other member information;
- Procedures ArchCare Senior Life uses to make decisions about experimental or investigational services, medical devices, or treatments in clinical trails;
- Written description of the organizational arrangements and ongoing procedures of the quality management and performance improvements programs;
- Written descriptions of the criteria relating to a particular condition or disease used to determine whether or not ArchCare Senior Life will authorize a service, and other clinical information which ArchCare Senior Life might consider in its authorization process; or
- Written application procedures and the qualifications which health care providers must present in order to be considered for participation in ArchCare Senior Life's Ethical and Religious Directives in accordance with which ArchCare Senior Life functions.

## QUALITY IMPROVEMENT PROGRAM

Archcare Senior Life has a Quality Improvement Program to systematically monitor and evaluate the quality and appropriateness of care and service. This comprehensive quality management system must meet the New York State health and long-term care quality assurance standards.

Our Quality Improvement Program identifies opportunities for improving quality of service provided, availability and accessibility of services, as well as ongoing care management improvement practice. ArchCare Senior Life quality management plan includes a system for review of where improvement is needed identified by defined metrics or observation, a process for the continuous improvement of performance, a review of the credentials of all providers providing care or service, maintenance of health information records and review of service utilization.

