



Policy: PA.2010  
Title: **Enrollment and Intake**  
Department: CalOptima Health PACE  
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 05/09/2024

Effective Date: 10/01/2013

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Applicable to: ☐ Medi-Cal  
☐ OneCare  
☒ PACE  
☐ Administrative

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## I. PURPOSE

This policy outlines and describes the process utilized by the CalOptima Health Program of All-Inclusive Care for the Elderly (PACE) employee for Participant enrollment and intake.

## II. POLICY

A. The CalOptima Health PACE enrollment and intake process will include four (4) primary stages:

1. Initial eligibility determination;
2. Home visit and Level of Care (LOC) tool submission to DHCS;
3. CalOptima Health PACE Interdisciplinary Team (IDT) meeting after LOC tool approved; and
4. Enrollment Conference.

B. CalOptima Health PACE shall assess all individuals referred to CalOptima Health PACE for enrollment.

C. To be eligible for CalOptima Health PACE, an individual must be:

1. Fifty-five (55) years of age or older;
2. Live in the defined CalOptima Health PACE Service Area (zip code);
3. Meet the nursing facility eligibility criteria as defined by Title 22 California Code of Regulations, Sections 51334 and 51335;
4. Be able to live in a community setting without jeopardizing their health or safety, as specified in the CalOptima Health PACE Program Agreement; and
5. Eligibility under Medicare and Medicaid. Eligibility to enroll in CalOptima Health PACE is not restricted to an individual who is either a Medicare beneficiary or Medicaid beneficiary. A prospective CalOptima Health PACE Participant may be, but is not required to be, any or all of the following:

- a. Entitled to Medicare Part A;
  - b. Enrolled under Medicare Part B: and/or;
  - c. Eligible for Medicaid.
- 6. Meet any additional program specific eligibility conditions imposed under the CalOptima Health PACE Program Agreement.
- D. An individual must meet financial criteria. Specifically, the individual must:
  - 1. Have income, or assets, sufficient to cover CalOptima Health PACE monthly out-of-pocket premiums/share of cost (the amount of these premiums depend on the level of Medi-Cal/Medicare eligibility and are equivalent to applicable Medi-Cal payment rates for CalOptima Health PACE); or
  - 2. Pay to CalOptima Health PACE the amount equivalent to the current Medi-Cal monthly capitation amount for PACE, plus the cost of (Medicare Part D) medications.
- E. The CalOptima Health PACE Outreach and Enrollment Department shall be responsible for determining an individual's initial eligibility and whether such individual meets criteria for safety in the community and interest in CalOptima Health PACE. CalOptima Health PACE IDT shall be responsible for determining days of attendance at the CalOptima Health PACE Center and/or Alternative Care Settings (ACS).
- F. The CalOptima Health PACE Enrollment Coordinator assigned to an individual will be the initial point of contact between the individual, family, and/or Caregiver and any other designated Representatives and the CalOptima Health PACE IDT during the enrollment process.
- G. If at any time during the enrollment process, the CalOptima Health PACE Enrollment Coordinator is uncertain whether the prospective Participant meets the minimum criteria as described in this policy for CalOptima Health PACE, the CalOptima Health PACE Enrollment Coordinator must consult the CalOptima Health PACE Enrollment Supervisor and CalOptima Health PACE Manager of Marketing and Enrollment. If necessary, the CalOptima Health PACE Medical Director or the CalOptima Health PACE Program Director may also be consulted regarding the referral.
- H. Throughout the enrollment process, the individual and/or Caregiver will be involved and informed as much as possible to ensure an outcome tailored to the individual's specific needs.

### **III. PROCEDURE**

#### **A. Initial Eligibility Determination**

- 1. The P CalOptima Health ACE Enrollment Coordinator shall be responsible for verifying initial eligibility and guiding interested individuals through the enrollment process. The CalOptima Health PACE Enrollment Coordinator shall contact individuals upon receiving a referral to learn more about CalOptima Health PACE, or inquiries to enroll.
- 2. A referral to CalOptima Health PACE may come from any source and may be taken by any CalOptima Health PACE employee, by phone, or otherwise.

- a. CalOptima Health PACE shall train CalOptima Health PACE employee receiving referral information to obtain as much identifying information as possible and, specifically information on how to contact the interested individual in the event the CalOptima Health PACE Outreach and Enrollment Department employee is not immediately available.
- b. CalOptima Health PACE employee will pass the referral to the CalOptima Health PACE Outreach and Enrollment Department, who shall assign the individual to a CalOptima Health PACE Enrollment Coordinator and then document the referral and log the date and contact information for tracking purposes.
3. Upon the first opportunity to speak with the individual or designated Representative, either by phone or in-person, the CalOptima Health PACE Enrollment Coordinator will fully explain the CalOptima Health PACE program, its services, eligibility requirements, and other program information.
4. The CalOptima Health PACE Enrollment Coordinator shall specifically explain the services from which the individual must disenroll if the individual joins CalOptima Health PACE, such as current health plan, or provider, In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), or Community Based Adult Services (CBAS). It is essential that the individual and family understand the program from the start, so they can make an informed decision about whether or not to pursue enrollment in CalOptima Health PACE.
5. During the initial discussion with the individual and/or family, the CalOptima Health PACE Enrollment Coordinator shall record the age, address, and medical history on the individual to determine if the individual has already undergone a nursing facility LOC assessment. The CalOptima Health PACE Enrollment Coordinator shall explain the LOC criteria to the individual and family to determine if CalOptima Health PACE is appropriate for the individual. The CalOptima Health PACE Enrollment Coordinator will also receive verbal approval from the individual or designated representative to continue the enrollment process.
6. If the individual meets the initial program eligibility requirements (as outlined in Section II. C.), the CalOptima Health PACE Enrollment Coordinator will work with the assigned CalOptima Health PACE Registered Nurse (RN) to schedule a home visit.
7. If an individual is deemed ineligible due to not meeting CalOptima Health PACE initial eligibility requirements per consultation between the Enrollment Coordinator and Intake Nurse, the CalOptima Health PACE Enrollment Coordinator shall:
  - a. If applicable, contact the initial referral source regarding the eligibility screening;
  - b. Contact other community partners to assist in locating appropriate services for the individual; and
  - c. Document in the intake record all communication, reason(s) for ineligibility, and referrals to other community sources of care (as outlined in Section III.D. and Section III.E.).

#### B. Home Visit

1. Upon completion of the initial eligibility determination, and if the individual wishes to continue with the enrollment process, the CalOptima Health PACE Enrollment Coordinator and CalOptima Health PACE RN shall schedule a home visit at the individual's place of residence.

2. During the home visit, the CalOptima Health PACE Enrollment Coordinator and/or the CalOptima Health PACE RN shall conduct an environmental assessment and evaluate:
  - a. Safety issues, including, but not limited to, stairs, clutter, neighborhood crime, and accessibility;
  - b. Facilities, including, but not limited to, bath or shower, toilet, telephone, and food; and
  - c. Neighborhood services, including, but not limited to, public transportation, religious services, and shopping.
3. The CalOptima Health PACE Enrollment Coordinator and/or the CalOptima Health PACE RN shall specifically note any living circumstances that could affect the individual's ability to live safely in the community, even with assistance (e.g., uncontrolled home clutter that increases risk of falls or limits mobility).
4. Prior to and during the home visit, the CalOptima Health PACE Enrollment Coordinator shall explain the CalOptima Health PACE program, review and confirm Medicare and Medi-Cal benefits (i.e., Medical Records and Medicare and Medi-Cal cards) and secure the individual's signature for all releases from the individual, family and/or Caregiver and any other designated Representatives.
5. During the home visit, the CalOptima Health PACE Enrollment Coordinator shall be prepared to share, in further detail, information about CalOptima Health PACE and the services offered. The individual, family, and/ or Caregiver, and any other designated Representatives will have an opportunity to ask questions about CalOptima Health PACE. The CalOptima Health PACE Enrollment Coordinator shall:
  - a. Provide a description of how CalOptima Health PACE operates, types and availability of services offered, including end-of-life and comfort care, the Service Area, and answers to any general question(s) the individual may have about the program;
  - b. Explain that upon request, a current listing of employees who furnish care will be provided, along with a current list of contracted health care providers;
  - c. Explain that the CalOptima Health PACE Center is a tobacco-free environment;
  - d. Describe the process for eligibility determination and enrollment;
  - e. Explain, if applicable, monthly premiums due to CalOptima Health PACE;
  - f. Explain any Medi-Cal spend-down obligations;
  - g. Explain post-eligibility treatment of income;
  - h. Explain the requirement that Participants who enroll agree to receive all health care from CalOptima Health PACE, and that CalOptima Health PACE will be the sole provider of services;
  - i. Communicate the guarantee that CalOptima Health PACE provides all Medicare and Medi-Cal required services and any other services determined necessary by the CalOptima Health PACE IDT;

- j. Explain that if a Medicaid-only or private pay CalOptima Health PACE Participant becomes eligible for Medicare after enrollment in CalOptima Health PACE, the Participant will be disenrolled from CalOptima Health PACE if they elect to obtain Medicare coverage other than from the Participant's CalOptima Health PACE organization.
  - k. Explain the procedures for obtaining emergency services; and
  - l. Describe the voluntary nature of the program and the provision that Participants may disenroll at any time for any reason.
6. Upon returning from the home visit, the CalOptima Health PACE Enrollment Coordinator in collaboration with the CalOptima Health PACE RN shall completely document the findings of the home visit, including the following:
    - a. Current physician, health plan membership and service agencies involved with care;
    - b. Recent hospitalizations and nursing home placements;
    - c. Current list of medications;
    - d. Family and living situation; and
    - e. Income sources and benefit entitlements.
  7. Based on information gathered at the home visit and/or from discussions with the individual and/or Caregiver, the CalOptima Health PACE Enrollment Coordinator in collaboration with the CalOptima Health PACE RN may determine that the individual does not qualify for CalOptima Health PACE because they clearly do not meet the nursing facility LOC, or because of Health/Safety concerns based on CMS regulations. However, all LOC denials must be submitted by CalOptima Health to DHCS for final determination.
  8. If the CalOptima Health PACE Enrollment Coordinator and CalOptima Health PACE RN determine that the individual can move forward with PACE LOC tool submission, then the CalOptima Health PACE Enrollment Coordinator will begin the process to obtain the individual's Medical Records if not obtained previously. The CalOptima Health PACE Enrollment Coordinator will send the individual's consent to release of Medical Records to the Medical Records Team at CalOptima Health PACE.
  9. DHCS will notify CalOptima Health PACE of the approval status of a prospective Participant within approximately five (5) calendar days from submission, at which time the CalOptima Health PACE RN shall notify the assigned CalOptima Health PACE Enrollment Coordinator.
  10. The CalOptima Health PACE Enrollment Coordinator shall contact the prospective Participant, family and/or Caregiver, and any other designated Representative to inform them of the State's determination that they are medically eligible for CalOptima Health PACE and may request additional enrollment information from the prospective Participant.
  11. After receiving additional prospective Participant information (if applicable), the RN shall send the approved LOC to the social work supervisor to assign a social worker and the other

members of the IDT for that prospective Participant.

12. The assigned CalOptima Health PACE Enrollment Coordinator will schedule an enrollment conference with the prospective Participant, family and/or Caregiver, and any other designated Representatives.
  - a. The parties shall discuss and review the Participant Enrollment Agreement Terms & Conditions (PEATC) during this conference.
  - b. The prospective Participant shall sign the PEATC to complete the enrollment process.
  - c. CalOptima Health PACE shall provide a copy of the signed PEATC to the prospective Participant, family and/or Caregiver, and any other designated Representatives.
  - d. The CalOptima Health PACE Enrollment Coordinator shall provide a copy of the Authorization for Use or Disclosure of Protected Health Information to Family Members or Caregivers to family and/or Caregiver, and any other designated Representatives. The CalOptima Health PACE Enrollment Coordinator will review this form with prospective Participant, family, and/or Caregiver, and any other designated Representative and obtain a signature from the prospective Participant or designated Representative. This form will be reviewed and updated annually by the Social Work department.
13. Upon receipt of the assigned IDT, the assigned CalOptima Health PACE Enrollment Coordinator will work with the assigned Social Worker for the final step of the enrollment process and to transition prospective Participant for initial assessment.

#### C. Enrollment

1. CalOptima Health must inform each Medi-Cal prospective Participant signing the PEATC, in writing, of the following:
  - a. Participant enrollment will be effective on the first day of the month following CalOptima Health submission of the enrollment application to DHCS.
  - b. At any time, a Participant may request to disenroll from CalOptima Health PACE, without having to provide a reason for the request. The disenrollment will be effective the first day of the month following the date CalOptima Health PACE receives the request.
2. Once enrolled, the Participant's assigned CalOptima Health PACE IDT shall assist the Participant's transition into CalOptima Health PACE, including arranging for meal and transportation requests, and canceling services that the Participant is no longer eligible to receive after the effective date of enrollment into CalOptima Health PACE (e.g., IHSS, MSSP, Durable Medical Equipment (DME)).
3. The CalOptima Health PACE Marketing and Enrollment Team shall prepare and provide an enrollment packet for the Participant by the effective date of enrollment. The enrollment packet will, at a minimum, include information for posting in the home on how to access emergency services, a copy of the PEATC (if not already provided).

#### D. Denial of Enrollment

1. CalOptima Health PACE may deny enrollment based on the following CMS Health and Safety criteria:

- a. Individuals with a primary, or secondary, diagnosis is a psychiatric disorder, requiring intensive intervention in an outpatient mental health program, or placement in an institutional setting;
  - b. Individuals who actively abuse prescribed or illegal drug and/or alcohol, resulting in behavior that may pose a danger to self or others, or may lead to non-compliance with the plan of care;
  - c. Individuals with records showing acts of disruptive or threatening behavior that would jeopardize their health or safety, or the safety of others;
  - d. Individuals with a current medical treatment or regimen requiring twenty-four (24)-hour supervision and whose care is more appropriately provided in an institutional setting (hospital or skilled nursing facility);
  - e. Individuals receiving medical treatment, or regimen, and whose health may be placed at risk by a change in health plan, or health care provider;
  - f. Individuals who are homeless, or have no stable living arrangement, which includes a care support network. The individual can join CalOptima Health PACE as soon as they have established a stable community residence; and
  - g. Individuals whose community residence is unsafe for the individual and/or their provider. The individual can join CalOptima Health PACE as soon as they have arranged a more appropriate community residence.
2. If the CalOptima Health PACE Enrollment Coordinator, CalOptima Health PACE RN and/or CalOptima Health PACE IDT, denies enrollment, before the home visit, due to Health/Safety CMS criteria:
- a. CalOptima Health PACE shall notify the individual, in writing, of the reasons for denial, as well as the individual's appeal rights. This denial letter will also include the denied individual's external appeal rights under Medi-Cal. An individual is entitled to appeal a denial of enrollment decision as soon as it is made.
  - b. The CalOptima Health PACE Outreach and Enrollment Department shall compile the assessment documentation and have available for review by DHCS and the Centers for Medicare & Medicaid Services (CMS) with the reason for denying such individual on the basis that such individual cannot be safely cared for in the community, therefore does not meet the community safety standard. The prospective Participant Log will also be filled out at that time by the Manager of Marketing and Enrollment. The prospective Participant Medical Record will be documented by the Enrollment Coordinator with an explanation as to the denial. The denial letter will be mailed to the prospective Participant at that time.
  - c. CalOptima Health PACE will maintain the intake assessment information, and reasons for non-enrollment. This information is maintained electronically, which will be available for review in accordance with Medical Records guidelines.
  - d. CalOptima Health PACE shall refer the individual to alternate sources of care.
  - e. CalOptima Health PACE shall report all health and safety denials in Health Plan Management System (HPMS).

3. A home visit may be completed for an individual however, they may still be deemed ineligible by the CalOptima Health PACE Enrollment Coordinator, the CalOptima Health PACE RN, the CalOptima Health PACE IDT, or DHCS.
4. The CalOptima Health PACE Enrollment Coordinator, CalOptima Health PACE RN, and/or CalOptima Health PACE IDT may recommend a denial of enrollment if they determine that the individual cannot be safely cared for in the community.
5. If DHCS defers enrollment of the individual:
  - a. The CalOptima Health PACE RN will arrange for assessments to be completed by the CalOptima Health PACE Provider, CalOptima Health PACE Social Worker and Clinic RN. Once completed, the assessments will be gathered by the CalOptima Health PACE RN and the LOC tool will be re-submitted with the additional assessment information to DHCS for their review.
  - b. If, after review of the assessment documentation, the DHCS NF LOC review team finds that the individual does in fact meet nursing facility LOC, then the CalOptima Health PACE Enrollment Coordinator/IDT shall proceed with the enrollment steps outlined in this policy.
  - c. CalOptima Health PACE shall maintain the intake assessment information and reasons for non-enrollment if DHCS determines the prospective Participant ineligible. This information is maintained electronically and will be available for review in accordance with Medical Records guidelines.
  - d. The Manager of Marketing and Enrollment will work with the CalOptima Health PACE Quality Assurance Department to cross-check all data submitted quarterly to HPMS to ensure accuracy.
6. If DHCS determines the individual is ineligible for enrollment by not approving the nursing facility LOC designation:
  - a. Only DHCS can determine if the individual is ineligible for enrollment if DHCS determines, based on the documentation submitted by CalOptima Health PACE, that the individual does not meet the nursing facility LOC requirements.
  - b. DHCS will notify the individual in writing of the reasons for ineligibility, as well as the individual's appeal rights. This Notice of Action will also include the individual's external appeal rights under Medi-Cal. An individual is entitled to appeal the LOC ineligibility decision as soon as it is made.
  - c. CalOptima Health PACE Outreach and Enrollment Department shall notify the individual of DHCS' decision to deny them program enrollment, explain the individual's external appeal rights under Medi-Cal, and provide other community-based resources as appropriate. The referral source will also be notified of the prospective Participant being determined ineligible as well as the alternate resources made available to the prospective Participant. The prospective Participant Medical Record will be documented by the Enrollment Coordinator with an explanation as to the denial.
7. CalOptima Health PACE shall document the LOC determination in the prospective Participant Log and indicate whether the determination was recommended by the IDT or



originated from DHCS (IDT determination vs. DHCS determination). In addition, the written notice from DHCS will be recorded in the Participant Log and a copy of the DHCS Notice of Action (NOA) will be saved in the case file. All LOC determinations of ineligibility shall be reported in HPMS as “Other”.

#### E. Withdrawal from Enrollment Process

1. If a prospective Participant decides to withdraw from the enrollment process prior to or after a Home Visit assessment has been completed:
  - a. The Participant Log will be completed at that time by the Manager of Marketing and Enrollment. The prospective Participant Medical Record will be documented with an explanation as to the reason for the withdrawal by the Enrollment Coordinator. Alternate community-based resources will be offered at that time, as appropriate.
  - b. CalOptima Health PACE shall report all enrollment withdrawals during the quarterly HPMS reporting call with CMS and DHCS.

#### F. Continuation of Enrollment

1. A CalOptima Health PACE Participant’s enrollment continues until death, regardless of changes in health status, unless the Participant voluntarily disenrolls or is involuntarily disenrolled. On an annual basis, there will be a recertification of LOC eligibility. Those individuals who are determined through the annual recertification process to no longer meet LOC requirements, but in the absence of continued coverage by CalOptima Health PACE, the individual would reasonably be expected to again meet LOC within six (6) months, can be granted continued eligibility in CalOptima Health PACE.
2. Changes in the Enrollment Agreement will be communicated, at any time during the Participant’s enrollment, in the following manner:
  - a. An updated copy of the Enrollment Agreement will be provided to the Participant, along with an explanation of the changes to the Participant, family, and/or Caregiver, and any other designated Representative in a manner they understand.

#### G. Monitoring and Oversight

1. The Manager of Marketing and Enrollment is responsible for maintaining the Prospective Participant Log monthly.
2. CalOptima Health shall submit the Participant Log to DHCS upon request. The Participant Log shall include a listing of all new (additions) and terminating (deletions).
3. CalOptima Health PACE shall make all documentation regarding enrollment and denials available for review by CMS and DHCS.

#### H. Quality Improvement

1. The CalOptima Health PACE Quality Assurance Department shall retrospectively review all categories of the prospective Participant Log to analyze any trends or areas of improvement as needed. This tracking, trending, and analysis will also consider enrollment withdrawals and denials.

2. The CalOptima Health PACE Quality Improvement Department will report data and findings to the CalOptima Health PACE Quality Improvement Committee on a quarterly basis.

#### **IV. ATTACHMENT(S)**

- A. Authorization for Use or Disclosure of Protected Health Information (PHI) (IR22\_OC001\_H7501)
- B. Denial Letter Template (H7501\_23MM002)
- C. Authorization for Use or Disclosure of Protected Health Information to Family Members or Caregivers (IR23\_OC001a\_H7501)

#### **V. REFERENCE(S)**

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for PACE
- B. CalOptima Health PACE Participant Enrollment Agreement Terms & Conditions
- C. Centers for Medicare & Medicaid (CMS) Services, Program of All-Inclusive Care for the Elderly (PACE), Chapter 3-Marketing Guidelines, Rev. 4, 10.02.18
- D. Title 42, Code of Federal Regulations (C.F.R.), §§460.150, 460.152, 460.154, 460.156, and 460.158

#### **VI. REGULATORY AGENCY APPROVAL(S)**

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
03/30/2017	Centers for Medicare & Medicaid Services (CMS)	Approved as Submitted

#### **VII. BOARD ACTION(S)**

None to Date

#### **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	10/01/2013	PA.2010	Enrollment and Intake	PACE
Revised	12/01/2014	PA.2010	Enrollment and Intake	PACE
Revised	01/01/2015	PA.2010	Enrollment and Intake	PACE
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Revised	05/01/2024	PA.2010	Enrollment and Intake	PACE

## IX. GLOSSARY

<b>Term</b>	<b>Definition</b>
Alternative Care Settings (ACS)	Contracted Community-Based Adult Services (CBAS) Providers deemed qualified to provide ACS and associated services to CalOptima Health PACE Participants.
Caregiver	Broadly defined as family members, friends, or neighbors who provide unpaid assistance to a person with a chronic illness or disabling condition.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Community-Based Adult Services (CBAS)	An outpatient program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, transportation, and other services, to eligible Participants who meet applicable eligibility criteria.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the federal Medicaid (referred to as Medi-Cal in California) Program.
Durable Medical Equipment (DME)	Durable medical equipment means equipment prescribed by a licensed practitioner to meet medical equipment needs of the Participant that: <ol style="list-style-type: none"> <li>1. Can withstand repeated use.</li> <li>2. Is used to serve a medical purpose.</li> <li>3. Is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly.</li> <li>4. Is appropriate for use in or out of the patient's home.</li> </ol>
In-Home Supportive Services (IHSS)	Services provided for Participants in accordance with the requirements set forth in Welfare and Institutions Code section 14186.1(c)(1).
Interdisciplinary Team (IDT)	Team composed of Participants qualified to fill, at minimum, the following roles, in accordance with 42 CFR 460.102. One individual may fill two separate roles on the interdisciplinary team where the individual meets applicable state licensure requirements and is qualified to fill the two roles and able to provide appropriate care to meet the needs of Participants: <ol style="list-style-type: none"> <li>1. Primary Care Provider; Primary medical care must be furnished to a Participant by any of the following: <ol style="list-style-type: none"> <li>a. A primary care physician.</li> <li>b. A community-based physician.</li> <li>c. A physician assistant who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority.</li> <li>d. A nurse practitioner who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority.</li> </ol> </li> <li>2. Registered Nurse;</li> <li>3. Master's-level Social Worker;</li> <li>4. Physical Therapist;</li> <li>5. Occupational Therapist;</li> <li>6. Recreational Therapist or Activity Coordinator;</li> <li>7. Dietician;</li> <li>8. CalOptima Health PACE Center Manager;</li> <li>9. Home Care Coordinator;</li> </ol>

<b>Term</b>	<b>Definition</b>
	10. Personal Care Attendant or their representative; and 11. Driver or their representative.
Medical Records	Written documentary evidence of treatments rendered to plan Members.
Multipurpose Senior Services Program (MSSP)	A program approved under the federal Medicaid Home and Community-Based, 1915 (c) Waiver designed to prevent premature institutionalization through provision of comprehensive social and health care management to assist frail elder person who are certifiable for placement in a nursing facility, to remain safely at home at a cost lower than nursing facility care.
Participant	An individual enrolled in the CalOptima Health PACE program.
Program of All-Inclusive Care for the Elderly (PACE)	PACE is a long-term comprehensive health care program that helps older adults to remain as independent as possible. PACE coordinates and provides all needed preventive, primary, acute and long-term care services so seniors can continue living in their community.
Representative	A person who is acting on behalf of or assisting a Participant, and may include, but is not limited to, a family member, a friend, a CalOptima Health PACE employee, or a person legally identified in a Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.
Service Area	The county or counties in which Contractor is approved to operate under the terms of this Contract. A Service Area may have designated ZIP codes (under the U.S. Postal Service) within a county that are approved by DHCS to operate under the terms of this Contract.