## **STEP 1**: INFORMATIONAL

- A conversation with a Thome PACE Community Relations team member.
- If the potential participant would like to move forward, an initial intake meeting is set up.

### **STEP 2:** INITIAL INTAKE ASSESSMENT

- A member of the Community Relations Department will visit the potential participant in their home to explain the PACE program in detail and determine initial qualification.
- If the potential participant wants to pursue enrollment, they will sign pre-enrollment paperwork that allows Thome PACE staff to obtain critical information for the application, such as medical records.
- If Thome PACE is assisting with a Medicaid application, Community Relations will gather necessary verification documentation.

### **STEP 3:** INTAKE TEAM ASSESSMENT

- A Registered Nurse will visit the potential participant's home to assess their medical eligibility.
- If they meet eligibility requirements, staff will also establish the number of home care hours for which the potential participant may qualify.
- The team utilizes the Level of Care Determination (LOCD) assessment tool from the State of Michigan for these evaluations. The look-back period for this tool is **7 days**.

# **STEP 4:** PRE- ENROLLMENT ASSESSMENT

- The potential participant will be assessed by a Thome PACE Primary Care Provider (PCP). It may be done by phone or at the Thome PACE medical clinic.
- Following a review of the potential participant's medical records, the PCP will discuss with them their medical history, including – but not limited to – current medications, medical specialty needs and preferred care pathway.

#### **STEP 5:** IDT APPROVAL AND ENROLLMENT

- The Interdisciplinary Team (IDT) will meet to discuss enrollment.
- If approved, enrollment will be offered. The team will develop an initial care plan which is presented to the potential participant along with enrollment paperwork.
- If denied, a denial letter is mailed to participant, along with steps to file an appeal and resources available in their community.

Enrollment begins on the **first of every month**. To enroll, all assessments must be completed, IDT approval gained, Medicaid case opened, and enrollment paperwork signed by the **24**<sup>th</sup> **of the previous month**.