

# LIFE-NWPA ENROLLMENT AGREEMENT

Effective January 1, 2021

*Known Nationally as the  
Program of All-inclusive Care for the Elderly (PACE)*

## **Erie County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
- b. Urgent medical, but not Emergency Medical: 814-452-0911 or, toll free 844-452-0911 or, TTY 711

### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Greater Erie Community Action Committee (GECAC)  
Long Term Care Ombudsman  
18 W. 9<sup>th</sup> St.  
Erie, Pa. 16501  
814-459-4581

### **4. AAA - Protective Services**

Greater Erie Community Action Committee (GECAC)  
18 W. 9<sup>th</sup> St.  
Erie, Pa. 16501  
814-459-4581

## **Crawford County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
- b. Urgent medical, but not Emergency Medical: 814-452-0911 or, toll free 844-452-0911 or, TTY 711

### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Active Aging Inc.  
The Lew Davies Community Building  
1034 Park Avenue  
Meadville, Pennsylvania 16335  
814-336-1792 –or- 800-321-7705

### **4. AAA - Protective Services**

Active Aging Inc.  
The Lew Davies Community Building  
1034 Park Avenue  
Meadville, Pennsylvania 16335  
814-336-1792 –or- 800-321-7705

## **Mercer County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
- b. Urgent medical, but not Emergency Medical: 814-452-0911 or, toll free 844-452-0911 or, TTY 711

### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Mercer County Area Agency on Aging, Inc.  
133 South Pitt Street  
Mercer, PA 16137  
724-662-6222

### **4. AAA - Protective Services**

Mercer County Area Agency on Aging, Inc.  
133 South Pitt Street  
Mercer, PA 16137  
724-854-6222

## **Warren County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
- b. Urgent medical, but not Emergency Medical: 814-452-0911 or, toll free 844-452-0911 or, TTY 711

### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Experience Inc.  
905 Fourth Ave.  
PO Box 886  
Warren PA, 16365  
814-723-3763  
800-281-6545

### **4. AAA - Protective Services**

Experience Inc.  
905 Fourth Ave.  
PO Box 886  
Warren PA, 16365  
814-726-1030  
800-338-3460

## **Clarion County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
- b. Urgent medical, but not Emergency Medical: 814-452-0911 or, toll free 844-452-0911 or, TTY 711

### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Clarion Area Agency of Aging  
16 Venture Lane  
Clarion, PA 16241  
1-814-226-4640

### **4. AAA - Protective Services**

Clarion Area Agency of Aging  
16 Venture Lane  
Clarion, PA 16241  
1-814-226-4640

## **Forest County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
- b. Urgent medical, but not Emergency Medical: 814-452-0911 or, toll free 844-452-0911 or, TTY 711

### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Experience Inc.  
905 Fourth Ave.  
PO Box 886  
Warren PA, 16365  
814-723-3763  
800-281-6545

### **4. AAA - Protective Services**

Experience Inc.  
905 Fourth Ave.  
PO Box 886  
Warren PA, 16365  
814-726-1030  
800-338-3460

## **Venango County Residents** **IMPORTANT INFORMATION SHEET**

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- a. All Emergencies 911
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### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Venango County AAA  
1283 Liberty Street  
P.O. Box 1130  
Franklin, PA 16323  
(814) 432-9711  
1-866-452-4464

### **4. AAA - Protective Services**

Venango County AAA  
1283 Liberty Street  
P.O. Box 1130  
Franklin, PA 16323  
(814) 432-9711  
1-866-452-4464



## **Elk County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
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### **2. Primary contacts and numbers at center**

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- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Elk County AAA  
118 Center Street  
P.O. Box A  
Ridgeway, PA 15853  
814-776-2191  
1-800-672-7145

### **4. AAA - Protective Services**

Elk County AAA  
118 Center Street  
P.O. Box A  
Ridgeway, PA 15853  
814-776-2191  
1-800-672-7145

## **Jefferson County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
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### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Jefferson County AAA  
186 Main Street  
Brookville, PA 15825  
814-849-3096  
1-800-852-8036

### **4. AAA - Protective Services**

Jefferson County AAA  
186 Main Street  
Brookville, PA 15825  
814-849-3096  
1-800-852-8036

## **Clearfield County Residents** **IMPORTANT INFORMATION SHEET**

### **1. Local Emergency Phone Numbers**

- a. All Emergencies 911
- b. Urgent medical, but not Emergency Medical: 814-452-0911 or, toll free 844-452-0911 or, TTY 711

### **2. Primary contacts and numbers at center**

- a. LIFE-NWPA 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- b. LIFE-NWPA after business hours 814-452-0911 or, toll free 844-452-0911 or, TTY 711
- c. Social Worker 814-456-5433 or, toll free 844-456-5433 or, TTY 711
- d. Center Manager 814-456-5433 or, toll free 844-456-5433 or, TTY 711

### **3. Ombudsman**

Clearfield County AAA  
103 North Front Street  
Clearfield, PA 16830  
1-800-233-0249

### **4. AAA - Protective Services**

Clearfield County AAA  
103 North Front Street  
Clearfield, PA 16830  
814-765-2696

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## Welcome to LIFE

We welcome you as a potential participant in the plan and urge you to review this agreement carefully. Feel free to ask questions about any of the sections. We'll be happy to answer them for you. Please keep this booklet. If you decide to enroll, it becomes your Enrollment Agreement, a contract between you and LIFE.

The LIFE program offers health and social services for older adults. To enroll in our program, you must:

1. be at least 55 years old.
2. live in one of the following zip codes:

**Erie County:** 16401\*, 16403\*, 16407\*, 16410, 16411, 16412\*, 16413, 16415, 16417, 16421, 16423, 16426, 16427, 16428, 16430, 16435\*, 16438\*, 16441\*, 16442, 16443, 16444, 16475, 16501, 16502, 16503, 16504, 16505, 16506, 16507, 16508, 16509, 16510, 16511, 16512, 16514, 16515, 16522, 16530, 16531, 16534, 16541, 16544, 16546, 16550, 16553, 16563, 16565.

**Crawford:** 16110\*, 16111, 16125\*, 16131, 16134\*, 16314\*, 16316, 16317\*, 16327, 16328, 16335, 16354\*, 16360, 16388, 16401\*, 16403\*, 16404, 16406, 16407\*, 16412\*, 16422, 16424, 16432, 16433, 16434\*, 16435\*, 16438\*, 16440, 16441\*.

**Mercer:** 16057\*, 16110\*, 16113, 16114, 16121, 16124, 16125\*, 16127\*, 16130, 16133, 16134\*, 16137, 16142\*, 16143\*, 16145, 16146, 16148, 16150, 16151, 16153\*, 16154, 16156\*, 16159\*, 16161, 16311\*, 16314\*, 16342\*, 16362\*.

**Warren:** 16312, 16313, 16329, 16340, 16345, 16347\*, 16350, 16351\*, 16352, 16354\*, 16365, 16366, 16367, 16368, 16369, 16371, 16402, 16405, 16407\*, 16416, 16420, 16434\*, 16436, 16701\*.

**Clarion:** 15829\*, 15860\*, 15864\*, 16028\*, 16036\*\*, 16049\*, 16054\*\*, 16058\*\*, 16213\*\*, 16214, 16217\*, 16220\*\*, 16221\*\*, 16224\*, 16225\*\*, 16230\*\*, 16232\*, 16233, 16234\*\*, 16235, 16239\*, 16240\*, 16242\*, 16248, 16254, 16255, 16257, 16258, 16260\*, 16319\*, 16326, 16331, 16332, 16334, 16353\*, 16361\*\*, 16364\*, 16373\*, 16375\*\*.

**Forest:** 15828, 16217, 16239, 16321, 16322, 16370, 16353, 16341\*, 16347\*, 16351\*, 16260\*, 15825, 16364.

**Venango:** 16301, 16317, 16319, 16323, 16341, 16342, 16343, 16344, 16346, 16362, 16364, 16372, 16373, 16374, 16153\*, 16311\*, 16314\*, 16353\*, 16354\*, 16038\*, 16127\*.

**Elk:** 15821, 15822, 15823, 15824\*, 15827, 15828\*, 15831, 15832\*, 15834\*, 15841, 15845, 15846, 15853, 15857, 15860\*, 15868, 15870, 16728, 16734, 16735\*.

**Jefferson:** 15711, 15715, 15730, 15733, 15744, 15764, 15767\*, 15770, 15772\*, 15776, 15778, 15780, 15781, 15784, 15801\*, 15823\*, 15824, 15825, 15828\*, 15829, 15840, 15847, 15851, 15853\*, 15860, 15863, 15864, 15865, 16222\*, 16240\*, 16256\*.

**Clearfield:** 15721, 15753, 15757, 15801, 15848, 15849, 15856, 15866, 16616, 16620, 16627, 16645, 16651, 16656, 16661, 16663, 16666, 16671, 16680, 16681, 16692, 16698, 16821, 16825, 16830, 16833, 16834, 16836, 16837, 16838, 16839, 16840, 16843, 16845, 16847, 16849, 16850, 16855, 16858, 16860, 16861, 16863, 16871, 16873, 16876, 16878, 16879, 16881, 15724\*, 15742\*, 15767\*, 15823\*, 15824\*, 15840\*, 15851\*, 15865\*, 16639\*, 16646\*, 16866\*

***\*These zip codes cross county lines. Participants residing in one of these residential zip codes must join the LIFE-NWPA center in their county of residence.***

3. meet eligibility criteria for nursing facility level of care.
4. be able to live safely in the community with services from LIFE.

Note: To enroll in LIFE, individuals must be certified by the Department of Human Services (DHS) as Medical Assistance eligible or be able to private pay.

We at LIFE are committed to helping you remain as independent as possible. We offer a program of health and health-related services, all designed to keep you living in the familiar surroundings of your own community, preferably in your own home, as long as is desired and feasible.

**IMPORTANT NOTICE:** The benefits under this program are made possible through an agreement that LIFE has with the Pennsylvania Department of Human Services (through the Office of Long-Term Living) and the federal government. If you decide to enroll in the program, you agree to accept benefits from LIFE in place of the usual Medical Assistance and Medicare benefits. You will no longer receive services through your current health care provider. LIFE will provide the same plus many more benefits.

**Please examine this agreement carefully. Enrollment is voluntary. If you are not interested in enrolling in our program, you may return the agreement to us without signing. If you do enroll with us, you will still be able to terminate the agreement at any time if you change your mind. In order to terminate the agreement, you must notify LIFE.**

## Special Features of LIFE

LIFE arranges a full array of health and social services 24 hours a day, 7 days a week, 365 days a year. A health team of geriatric doctors, nurses, social workers, rehabilitation specialists and other health care professionals assesses your needs and desires, plans, and approves services with you and your family or caregiver, monitors for changes, and provides timely interventions. Primary care and community services are provided through the adult daily living center and through our in-home program according to your needs.

**Authorization of Care** - You will get to know each of your health team's members very well, as they will work closely with you to be as healthy and independent as you can be. The health team will talk with you and make arrangements for the services that will provide the care you need. Before you can receive services or stop receiving services through the LIFE program, your health team must approve it. They will reassess your needs on a regular basis, at least every six months, but more frequently if necessary. *All care planning includes you, and if you wish, family members and caregivers.*

**Location of Service Delivery** - You will receive most of your health care services at our health center, where your health team will be. Our drivers will provide transportation to the center, which will be arranged for you as needed. When necessary, services may also be provided in your own home, in a hospital or in a nursing facility. Your LIFE physician will be a participating member of the health team and will manage your specialty and hospital care. We have agreements with physician specialists (such as cardiologists, urologists, and orthopedists), laboratory and diagnostic testing services (X-rays, etc.), and with hospitals and nursing facilities. Services may be provided at their respective locations. Our drivers may also provide transportation to the hospital and other appointments the health team arranges for you.

**Care Providers** - Once you have enrolled in the LIFE program, you must agree to receive services through LIFE. We seek to provide efficient and effective delivery of services for you, and in order to do so we will provide and/or arrange for your health care needs. Therefore, you will no longer be able to seek services from other providers under the Medicare or Medical Assistance Program. You must receive all needed health care, including primary care and specialist physician services (other than emergency services) from the LIFE program. You may be fully and personally liable for the cost of unauthorized services. The health team will coordinate all of your care.

**Services Provided Exclusively Through LIFE** - There are many services provided through LIFE that are not typically provided in most traditional health care plans. We are committed to working with you to provide you with the most effective way to keep you healthy and independent.

## Advantages of Enrolling in LIFE

This program is designed and developed specifically to sustain independence among frail elderly by offering a coordinated alternative kind of service through a single organization. Our unique program and financing arrangements allow us to provide the most unique and flexible benefits of any health care plan in the area. Other advantages of the program include:

- Our dedicated, qualified geriatric health professionals who know you personally.
- Complete long-term care coverage.

- Coordinated 24 hour advice and care.
- Support for family caregivers.
- Care designed specifically for your individual needs.
- One provider to oversee your care whether at home, in a hospital, or in a nursing facility.
- No co-insurance, deductibles, or payments due for services you receive. (In some cases, there may be a monthly premium required to participate in the program based on your income). A patient pay amount may be required if nursing facility services are utilized.
- Prior approval is not required to obtain emergency medical services. More detail is provided on page 13.

### **Benefit Services/Coverage**

All services provided or arranged by LIFE are fully covered when approved by the health team. You will receive a service package specifically designed to meet your needs. Medicare services, including prescription drugs that you may receive will be coordinated through the LIFE program. Services you may receive or have coordinated include the following:

#### **Health Services**

- ◆ Adult day health services.
- ◆ Transportation to and from the center and LIFE coordinated services.
- ◆ Primary medical and specialist care, including consultation, routine care, preventive health care and physical examinations.
- ◆ Nursing care.
- ◆ Social services.
- ◆ Physical, occupational and speech therapies.
- ◆ Recreational Therapy.
- ◆ Nutritional counseling and education.
- ◆ Laboratory tests, x-rays and other diagnostic procedures.
- ◆ Drugs and biologicals.
- ◆ Prosthetics, orthotics, medical supplies, medical appliances and durable medical equipment (per



Medicare and Medical Assistance guidelines).

- ◆ Podiatry, including routine foot care.
- ◆ Vision care, including examinations, treatment, and corrective devices such as eyeglasses.
- ◆ Dental care (see the dental section for more detail).
- ◆ Psychiatry, including evaluation, consultation, diagnostic and treatment.
- ◆ Audiology, including evaluation, hearing aids, repairs and maintenance.

### **Home Care**

- ◆ Skilled nursing services.
- ◆ Physician and registered nurse practitioner visits.
- ◆ Physical, speech, and occupational therapies.
- ◆ Social services, case management, and counseling.
- ◆ Personal care.
- ◆ Homemaker chore services.
- ◆ Home delivered meals with special diets.
- ◆ In-home respite care.
- ◆ Transportation and escort services.

### **Hospital Care**

- ◆ Semi-private room and board.
- ◆ General medical and nursing services.
- ◆ Medical surgical/intensive care/coronary care unit.
- ◆ Laboratory tests, x-rays and other diagnostic procedures.
- ◆ Drugs and biologicals.
- ◆ Blood and blood derivatives.
- ◆ Surgical care, including the use of anesthesia.

- ◆ Use of oxygen.
- ◆ Physical, speech, occupational and respiratory therapy services.
- ◆ Medical social services and discharge planning.
- ◆ Emergency room and ambulance services.

*Not included under hospital care: private room and private duty nursing, unless medically necessary and non-medical items for your personal convenience such as telephone charges and radio or television rental.*

### **Inpatient Long-Term Care Facility Services**

- ◆ Semi-private room and board (may require payment toward cost of care according to Medical Assistance regulations).
- ◆ Physician and nursing services.
- ◆ Custodial care.
- ◆ Personal care and assistance.
- ◆ Drugs and biologicals.
- ◆ Physical, speech, occupational and respiratory services.
- ◆ Social services.
- ◆ Medical supplies and appliances.

### **End of Life Services**

The health team will remain involved with your care for the remainder of your life. This includes comfort care during difficult end of life situations.

### **Dental Care**

Dental care is provided to you according to need and appropriateness, as determined by the health team. The first priority of our dental care is to treat pain and acute infections. Our second priority is to maintain oral functioning, i.e. to enable you to chew your food as well as your health and oral conditions permit. Dental services may include:

- ◆ Diagnostic services - examinations, radiographs.
- ◆ Preventive services - prophylaxis, oral hygiene instructions.

- ◆ Restorative dentistry - fillings, temporary or permanent crowns.
- ◆ Prosthetic appliances - complete or partial dentures.
- ◆ Oral surgery - extractions, removal/modification of soft and hard tissue.

### **Other Services**

- ◆ Services for hearing and speech impairments.
- ◆ Translation services.
- ◆ Other services determined necessary by the health team to improve and maintain your overall health status.

### **Exclusions and Limitations**

- ◆ Any services not authorized by the health team, unless it is an emergency service.
- ◆ Cosmetic surgery, unless required for improved functioning of a malformed part of the body resulting from an accidental injury or for reconstruction after mastectomy.
- ◆ Experimental, medical, surgical, or other health procedures not generally available in the area unless authorized by the health team.
- ◆ Any service rendered outside of the United States.
- ◆ Private room or private duty nursing while in a nursing home or hospital, unless medically necessary.

### **Emergency Services & Urgently Needed Care**

LIFE provides access to care 24 hours per day, 7 days per week and 365 days per year.

When you enroll in LIFE, you will receive instructions to keep in your home.

LIFE staff is on-call 24 hours a day, seven days a week. LIFE's on-call coordinator will advise you what to do and will make necessary arrangements for you to receive the care you need. If you need to be taken to the hospital, the coordinator will call the ambulance company to dispatch an ambulance to your home.

Please contact LIFE as soon as you start feeling bad, instead of waiting until it is a crisis situation. That enables us to meet your needs and may prevent an emergency medical condition.

An Urgent Medical Condition is a condition that without immediate medical attention could result in: Serious jeopardy to the health of the participant; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

**If you need urgent (but not emergency) care:**

**Call 814-452-0911 –OR- 844-452-0911**

This number will ring into the LIFE Center. During regular working hours, a LIFE-NWPA staff member will answer the phone to provide you assistance. If no one is available to answer the phone, or during hours that the Center is closed, the phone will automatically be forwarded to our Emergency Call System. **Please do not hang up.** A qualified representative will take your call and assist you in getting the medical attention that you need.

An Emergency Medical Condition is defined as the onset of a sudden medical condition, or severe pain, that an average person, with no medical training, feels would place their health at serious risk, result in serious harm to bodily functions, or result in serious harm of an organ or bodily part.

**If you have an emergency medical condition, please call 911.**

Please answer questions and follow instructions carefully. You should request to be taken to the hospital, tell the ambulance company that you are a LIFE participant, and present your LIFE card to the emergency room staff.

Please notify LIFE staff as soon as possible if you have used the 911 emergency services.

**Services Received Outside the LIFE Service Area**

LIFE also covers emergency and urgently needed care when you are temporarily out of the region for a period up to 30 days. *THE HEALTH TEAM MUST BE ADVISED IN ADVANCE OF ALL TEMPORARY RELOCATIONS OUT OF THE AREA, AND THEY MUST NEVER EXCEED 30 DAYS.*

If you have received emergency or urgent care when you are temporarily out of the area, you must notify LIFE within 48 hours or as soon as is reasonably possible to do so. Information about your hospital visit or stay must be provided to LIFE. If you should be hospitalized, LIFE would like to transfer you to a hospital designated by us as soon as you are physically able. Remaining in the care of LIFE is the best way to coordinate your health care needs. NOTE: You must return to LIFE for any follow-up care as a result of the emergency or urgent care you received.

If emergency or other care is received in another area and you have paid for the medical services you received, you should request a receipt from the facility or physician involved. This receipt must show: the provider's name, your health problem, date of treatment and release, and charges. Please send the receipt to the LIFE Executive Director for approval and reimbursement. LIFE is only obligated to pay for urgently needed out-of-network and post stabilization care services when a) the services are pre-approved by LIFE or b) the services are not pre-approved by LIFE because LIFE did not respond to a request for approval within one hour after being contacted or cannot be contacted for approval. LIFE is not obligated to pay for any follow-up care. You must return to LIFE to receive any follow-up care.

If you did not pay for the services, send a letter with the provider's name, your treatment, date(s) of service, and charges to the Executive Director for review. The Executive Director will notify you within ten days whether payment will be made by LIFE.

If you receive care outside of the United States, LIFE will not be responsible for the charges.

### **Eligibility/Enrollment**

If you meet eligibility requirements and want to enroll, you must sign and agree to abide by the conditions of LIFE, as explained in this agreement. You will be expected to actively participate and comply with your care plan.

Your effective date of enrollment will be the first day of the calendar month following the date you sign the Enrollment Agreement.

NOTE: Individuals currently enrolled in a Medical Assistance HMO, Home and Community Based Waiver Program, or other Medical Assistance Program must be disenrolled from that program before they can enroll with LIFE. You will be required to disenroll from a Medicare HMO, so we can effectively coordinate your care. **Potential enrollees may not enroll in LIFE at a Social Security Office.**

Enrolling in LIFE includes four steps: **Intake, Assessment, Determination of Medical and Financial Eligibility, and Enrollment.**

Your benefit coverage officially begins on your effective date of enrollment.

#### **Intake**

Intake begins when you or someone on your behalf makes a call to LIFE. If it appears from this first conversation that you are potentially eligible, a program representative will visit you to explain our program and obtain further information about you. During this visit:

- You will learn how the LIFE program works, the kinds of services LIFE offer, and answers to any questions you may have about LIFE.
- We will explain that if you enroll, you must agree that all of your healthcare services will be provided and/or coordinated by LIFE, including primary care and specialist physician services (other than emergency services). Members of your health team will approve these services. LIFE participants may be fully and personally liable for the costs of unauthorized services (other than emergency services).
- We will have you sign a release allowing us to obtain your past medical records so our health team can fully assess your health conditions.

You will be encouraged to visit the LIFE Center to see what it is like. If you are interested in enrolling, our program representative will assist you with the enrollment process.

## Assessment

The health team will meet with you to evaluate your needs and goals. After the assessment has been completed, the health team will meet to specifically discuss your evaluation and determine if your needs can be appropriately met by our program. If so, the health team will develop an individual plan for services and schedule time with you to explain how it will best meet your needs and preferences. However, LIFE cannot guarantee or offer enrollment before a formal eligibility determination has been made.

## Determination of Medical and Financial Eligibility

Because LIFE is committed to serving only frail older adults who need long-term care and are eligible for nursing home care, an outside opinion must confirm that your situation qualifies you for our services. The local Area Agency on Aging will determine your medical eligibility for the program after making an assessment of your needs. The local County Assistance Office will determine your financial eligibility for the program, if applicable.

## **IMPORTANT NOTICE**

If you are eligible for Medicare or Medicaid, the services or benefits you get once you become a participant in PACE are made possible through an agreement that we have with The Centers for Medicare and Medicaid Services (CMS) of the United States Department of Health and Human Services regarding Medicare and Medicaid benefit coordination. When you become a Participant, you are agreeing to accept benefits ONLY from LIFE-NWPA in place of your usual Medicare and Medicaid benefits.

### **Participants Without Medicare Coverage at the Time of Enrollment**

A participant who becomes eligible for Medicare after enrollment must obtain all Medicare coverage (Parts A and/or B, and Part D) through LIFE-NWPA in order to remain in the PACE program.

LIFE-NWPA will track your Medicare benefits to ensure that you are enrolled in the CMS Medicare systems as soon as possible. You will be notified by letter and/or a phone call and apprised of eligibility status and your options. You will be provided with a 60-day advance notice of your ability to opt out of PACE if you do not wish your Medicare services to be administered by the PACE program.

## Enrollment

You, and if you wish, your family or caregiver, will meet with the program representative to review and come to an agreement about your participation in the LIFE program before you sign the Enrollment Agreement. At this meeting you have an opportunity to discuss:

- The plan of care recommended for you by the health team, which incorporates plans for family and caregiver involvement.
- That when you are enrolled in LIFE, all of your Medical Assistance and Medicare services must be authorized or coordinated by the health team. (*Remember, approval is **not** required for emergency care.*)

- What to do if you are unhappy with the LIFE program. (See Participant Grievance Procedure.)

### **Final Approval and Enrollment**

If you decide to join LIFE, we will ask you to sign the Enrollment Agreement. Upon signing this agreement, you will receive:

- A copy of the Enrollment Agreement.
- A sticker with LIFE's emergency telephone numbers and an instruction sheet to put on or by your telephone telling you what to do in an emergency.
- An identification card or sticker that must be placed with your Medical Assistance and Medicare card indicating that you are enrolled in LIFE.

Since LIFE provides comprehensive care for its participants, enrollment in LIFE results in disenrollment from any other Medicare or Medical Assistance prepayment plan.

### **Termination of Benefits**

Your benefits under LIFE can be stopped if you choose to disenroll from the program voluntarily or if you no longer meet the conditions of enrollment and are involuntarily disenrolled. This program is available through an agreement LIFE has with the state and federal government. If this agreement is not renewed by those agencies, this program will be terminated. The effective date of termination of benefits will be midnight of the last day of the month in which the notice was given.

*You are required to continue to use LIFE's service and to pay any applicable fee until termination becomes effective.*

### **Voluntary Disenrollment**

If you wish to cancel your benefits by disenrolling, you should discuss this with a program representative at your center. You will need to sign a Disenrollment Form, which will indicate that you will no longer be entitled to services through LIFE after midnight on the last day of the month. You may not disenroll from LIFE at a Social Security office. Choosing to enroll in any other Medicare Medical Assistance prepayment plan or optional benefit, including the hospice benefit after you enrolled in LIFE, is considered a voluntary disenrollment from LIFE.

Your social worker will assist you in returning to the appropriate Medicare/Medical Assistance Program. The Medicare or Medical Assistance program you enroll into upon disenrollment from LIFE may not provide you with the full range of services available to you through LIFE.

### **Involuntary Disenrollment**

LIFE can terminate your benefits, if:

- You move out of the LIFE service area.
- You consistently do not comply with your individual care plan and/or terms of this agreement and are competent to make decisions for yourself.
  - You engage in disruptive or threatening behavior.
  - You fail to pay or fail to make satisfactory arrangements to pay any premium due to LIFE after a 30-day grace period.
  - You are out of the service area for more than 30 days without prior approved arrangements.
  - You no longer meet the eligibility requirements for the program.
  - Our agreement with the federal and state government is terminated.
  - LIFE loses the contracts and/or licenses enabling it to offer health care services.

NOTE: In Pennsylvania, individuals who reside in personal care boarding homes are not nursing home eligible. Therefore, any individual who relocates to a personal care boarding home will be involuntarily disenrolled from the LIFE program.

Before you are involuntarily disenrolled from LIFE, we will provide you with 30 days written notice. Your disenrollment will be effective the last day of the month after 30 days' notice.

Your involuntary disenrollment will automatically be considered an appeal if you are involuntary disenrolled for not complying with your care plan or meeting conditions of participation, engaging in disruptive or threatening behavior, failing to pay or make satisfactory arrangement to pay, or are out of the service area for more than 30 days without prior approved arrangements. An impartial party will review the involuntary disenrollment.

If you are disenrolled due to failure to pay the monthly fee, you can re-enroll simply by paying the monthly fee in full. Provided you make this payment before the effective date of disenrollment, there will be no break in coverage.



## **Participant Grievance/Appeal Procedure**

All of us at LIFE share the responsibility for assuring that you are satisfied with the care you receive. We **ENCOURAGE** you to express any complaints you have at the time and place any dissatisfaction occurs. To be consistent with federal regulations for the program, your complaints or dissatisfaction with our program or decisions are identified as either grievances or appeals. Those processes are described below.

### **Grievance Procedure**

The definition of a grievance is a complaint, either oral or written, expressing dissatisfaction with service delivery or the quality of care furnished.

- Discuss your grievance with any staff member. Give complete information so that appropriate staff can help to resolve your concern in a timely manner.
- The staff that receives your grievance will discuss with you and provide in writing the specific steps including time-frames for response that will be taken to resolve your grievance. The grievance will be reported to the health team within 5 working days.
- If a solution is found by the staff and agreed to by you and/or your family/caregiver within 5 working days of making the grievance, the grievance is resolved.
- If you are not satisfied with the solution, the staff will send a written report to the Executive Director (clinical complaints will be reviewed by qualified clinical personnel) for review, to be completed within 5 working days.
- Immediately after review (but within 5 working days), a copy of a written report will be sent to you and/or your family/caregiver.
- If you are still dissatisfied with the results, you may submit a request in writing within 30 days to ask for a review by LIFE's Plan Advisory Committee.
- The Plan Advisory Committee will send written acknowledgment of receipt of the grievance within 5 working days to you, investigate, find a solution, and take appropriate actions.
- The committee will send you a copy of a report containing a description of the grievance, the actions taken to resolve the grievance and the basis for such action. The committee has 30 working days from the day the grievance is filed with the committee to complete its report and send it to you.
- If the decision is not in your favor, a copy of the report will be forwarded immediately to the federal government, the Pennsylvania Department of Human Services, and the local Area Agency on Aging.

### **Appeal Procedure**

The definition of an appeal is action taken by you with respect to your disagreement with our non-coverage of or non-payment for a service, denial of enrollment, or your involuntary disenrollment from the program.

You will be notified in writing if we:

- will not cover or pay for a service that you are receiving or requesting.
- are denying enrollment into LIFE; or
- are initiating an involuntary disenrollment from LIFE.

The notice will instruct you how to appeal our decision if you do not agree with it. You must request an appeal within 30 days of our notice to you. *An involuntary disenrollment for non-compliance with your care plan or conditions of participation, engaging in disruptive or threatening behavior, failing to pay or make satisfactory arrangements to pay, or being out of the service area for more than 30 days without prior approved arrangements, will automatically be considered an appeal.*

- Confirmation of receipt of your request for appeal will be sent to you within 24 hours of receipt of your request.
- We will continue to furnish disputed services until a final determination is made **if you appeal within 30 days of our notice to you; if we are proposing to terminate or reduce services you are currently receiving; and if you agree that you will be liable for the costs of the disputed services if the appeal is not resolved in your favor.**
- An impartial party will review your appeal and you will be notified in writing of the date and time of that review to have an opportunity to present evidence related to your dispute.
- You will receive a written report of the third-party review within 30 days of receipt of your appeal. That report will describe the appeal, actions taken, and outcome of the review.
- If your appeal is resolved in your favor, we will provide or pay for the disputed service right away.
- If the decision is not in your favor, a copy of the written report from the third-party review will be forwarded immediately to the federal government, the Pennsylvania Department of Human Services, and the Local Area Agency on Aging. You will also be notified in writing of your additional appeal rights under Medicare, or Medical Assistance through the State Fair Hearing Process. We will assist you in choosing which to pursue and forward the appeal to the appropriate entity.
- If you believe that your life, health, or ability to regain function would be seriously jeopardized if you do not receive the service in question, you can request in writing that we speed up the appeal process. In that case you will receive the outcome of the appeal within 72 hours of receipt of your appeal.

## **Your Rights as a Participant**

### **As a participant of LIFE-NWPA, you have the following rights:**

- 1) You will have considerate and respectful care from LIFE-NWPA and anyone else we may work with as part of your care. You will NOT be discriminated against, based on your race, ethnicity, religion, national origin, sex, age, sexual orientation, mental or physical disability, or source of payment.
- 2) You will be cared for with sincerity, interest and concern. Your care will be provided in clean, safe, and secure surroundings and in an accessible manner.
- 3) You will be respected as an adult. We will treat you with dignity and respect. We will be compassionate with your care. We will respect your right to personal privacy and confidentiality.
- 4) You will not have to perform services for LIFE-NWPA.
- 5) You will be able to use the telephone when you need to. We will not stop you from communicating with others.
- 6) You will have the best and safest care possible. You will not be given medicine that you do not need. You will not be abused physically or mentally. We will not neglect you. We will not restrain you for the purpose of discipline, convenience, or when it is not needed to care for you. We will not use corporal punishment or involuntary seclusion and no restraint will be used that is not required to treat your medical condition.
- 7) You will be encouraged and helped during your participation in LIFE-NWPA. We will help you to use your civil and legal rights regarding policies, services and appeals to Medicare and Medicaid. No one from LIFE-NWPA will keep you from using your rights. You will also be encouraged to tell us if there are any changes you would like to see in LIFE-NWPA so that we can talk about it with the staff.
- 8) You will receive truthful, easily understood written information. You will have help in making decisions about your care. We will tell you about the services that we provide, including the services we may provide through other health care people who are not employees of LIFE-NWPA. You will receive this information before you enroll, when you enroll and whenever we make any changes. At the time a participant's needs necessitate the disclosure and delivery of such information in order to allow the participant to make an informed choice.
- 9) You will have a LIFE-NWPA staff member talk about your enrollment agreement with you. They will explain everything about it to you and your family in a way that you can easily understand.
- 10) You may examine, or upon reasonable request, to be helped to examine the results of the most recent review of LIFE-NWPA conducted by CMS or the state administering agency and any plan of corrective action in effect.
- 11) You have a choice of health care people, within LIFE-NWPA's network, that make sure you get high quality care. Also, you can choose your primary care doctor and specialists within LIFE-NWPA's network.

- 12) You will have the ability to request a qualified specialist for women's health services furnish routinely and/or preventative women health services.
- 13) You can use emergency services when you need them without getting prior approval from your interdisciplinary team.
- 14) You will be able to make decisions for yourself, including what kind of care you need and how to get it. You may also decide whether or not to participate in activities. If you cannot make these decisions, then you may have someone decide for you. You will get the most helpful treatment and services to aid you in living as independently as possible.
- 15) You will have someone from LIFE-NWPA talk to you so that you can decide your health care wishes (advanced directives). You will have treatment choices explained in a manner that takes your culture into consideration. You have the right to decide what you want done. You can refuse treatment and have the right to be told what will happen to you if you refuse it.
- 16) You will be told by your interdisciplinary team about your health and how you are doing, unless you have chosen for the team or someone else to decide whether or not you should know.
- 17) You can help in developing and fulfilling your personal care plan.
- 18) You can ask the team to redo your physical exam and care plan. Even if you just had one done.
- 19) You will be given reasonable advance written notice if you are to be taken to another part of LIFE-NWPA's program. You will be told the reason for the move. If this is ever necessary, it will be clearly written in your records.
- 20) You will be able to talk confidentially with those who provide your care. They will not share any of your personal information. All the information LIFE-NWPA gets about you and your needs will be protected. This includes information we may use to collect data.
- 21) LIFE-NWPA will get your written permission before giving out any information about you to persons not legally allowed to receive it.
- 22) You can tell us how much information a person can have and to whom you want the records sent.
- 23) You can look at and copy your own medical record. You may ask for changes to be made to your record.
- 24) You will have a fair and timely hearing when disagreements come up with LIFE-NWPA. You will also be able to appeal any disagreements about your care that was made by LIFE-NWPA, either our own employees or anyone else who has made decisions about your care. We will assure that there will be no restriction, meddling, force, discrimination, or retaliation by LIFE-NWPA staff.
- 25) Any pictures we take of you will be used only to identify you or to monitor your medical progress. We will not give pictures to newspaper, television, or radio people without your written permission.

- 26) You will be told of all of your rights and responsibilities. You will also be told of all rules and regulations that are expected of you as a member of LIFE-NWPA.
- 27) You will be able to involve yourself in activities that help you learn, grow, and use your talents.
- 28) You have the right to voluntarily disenroll from the LIFE program without cause at any time, effective on the first day of the month following the date that LIFE-NWPA receives your notice.

## **Participant and Caregiver Responsibilities**

Participants and caregivers have the following responsibilities:

- Accept help from LIFE staff without regard to race, religion, color, age, sex, national origin or disability of the care provider.
- Keep appointments or notify LIFE if an appointment cannot be kept.
- Supply accurate and complete information to LIFE staff.
- Authorize LIFE to obtain and use records and information from hospitals, residential health care facilities, home health agencies, physicians and other practitioners who treat you.
- Authorize LIFE to disclose and exchange personal information with the federal and state government and their agents during reviews.
- Actively participate in care plan development.
- Inform LIFE of all health insurance coverage and notify LIFE promptly of any changes in that coverage.
- Cooperate with LIFE in billing for and collecting applicable fees from third party payers.
- Notify the County Assistance Office of the Department of Human Services and your LIFE social worker within 7 days of any changes in your income and assets. Assets include bank accounts, cash in hand, certificates of deposit, stocks, life insurance policies and any other assets. The state operates a fraud control program under which local, state, and federal officials may verify the information you have given.
- Ask questions and request further information regarding anything you do not understand.
- Use LIFE designated providers for services included in the benefit package.
- Assist in developing and maintaining a safe environment for you, your family and your caregivers.
- Notify LIFE promptly of any change in address or lengthy absence from the area. Notice should be mailed to our office at:
  - ◆ Erie Co. Residents: LIFE-NWPA, 149 West 22<sup>nd</sup> St., Erie, PA 16509
  - ◆ Crawford Co. Residents: LIFE-NWPA, 1034 Grove St., Meadville, PA 16335
  - ◆ Mercer Co. Residents: LIFE-NWPA, 80 East Silver St., Sharon, PA 16146
  - ◆ Warren Co. Residents: LIFE-NWPA, 1885 Market St., Warren, PA 16365
  - ◆ Clarion Co. Residents: LIFE-NWPA, 108 East Pinnacle Dr., Clarion, PA 16214
  - ◆ For Future Use:
- Comply with all policies of the program as noted in this Enrollment Agreement.

- Cooperate in implementation of the care plan.
- Take prescribed medicines.
- If you get sick or injured, call LIFE for direction right away at:
  - 814-452-0911 or, toll free at 844-452-0911 or TTY 711
- In case of emergency, call 911.
- If emergency services are required elsewhere or out of the service area, you must notify LIFE within forty-eight hours or as soon as reasonably possible.
- Notify LIFE in writing prior to disenrolling.
- Pay required monthly fees, if applicable.

## **General Provisions**

**CHANGES TO AGREEMENT:** Changes to this agreement may be made if they are approved by the Department of Human Services and the federal government. We will give you at least 30 days written notice of any change.

**CONTINUATION OF SERVICES ON TERMINATION:** If this agreement terminates for any reason, participants will be advised of the availability of other services. You will be reinstated back into the appropriate Medicare or Medical Assistance Program, if you are eligible.

**COOPERATION IN ASSESSMENTS:** In order for us to determine the best services for you, your full cooperation is required in providing medical and financial information to us.

**GOVERNING LAW:** the laws of the Commonwealth of Pennsylvania and applicable Federal laws govern this agreement in all respects. Any provision required to be in this agreement by either of the above shall bind LIFE whether or not mentioned in this agreement.

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

**NOTICE:** Any notice that we give you under this agreement will be mailed to you at your address as it appears on our records. You should notify us promptly of any change of your address. When you have to give us any notice, it should be mailed directly to the LIFE Center.

**NOTICE OF CERTAIN EVENTS:** We will give you reasonable notice of any termination or breach of contract by hospitals, physicians or any other person we contract with to provide services and benefits under

this agreement, if it may materially or adversely affect you. We will arrange for the provision of any interrupted service by another provider.

## **Definitions**

**AGREEMENT** means this document between you and LIFE, which establishes the terms and conditions and describes the benefits available to you. This agreement remains in effect until disenrollment and/or termination take place.

**BENEFITS AND COVERAGES** means the health and health-related services we provide you through this agreement. These services take the place of the benefits you would otherwise receive through Medical Assistance and/or Medicare. This is made possible through a special arrangement between LIFE and the Department of Human Services' Office of Long-Term Living and the federal government. This agreement gives you the same benefits you would receive under Medical Assistance and/or Medicare in addition to many other benefits. To receive any benefits under this agreement, you must meet the conditions described in this agreement.

**ELIGIBILITY FOR NURSING FACILITY CARE** means that your health status meets the Department of Human Services' criteria for nursing facility level of care. LIFE's goal is to maintain you in the community as long as it is medically and socially feasible, even if you are eligible for nursing facility level care.

**EMERGENCY MEDICAL CONDITION** is a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

**EMERGENCY SERVICES** are services provided in an inpatient or outpatient setting that are furnished by a qualified emergency services provider, other than LIFE or one of its contract providers, either in or out of the service area and are needed to evaluate or stabilize an emergency medical condition.

**EXCEPTION** means any part of the agreement that eliminates or reduces the benefits for a specific hazard or condition.

**HEALTH SERVICES** means services such as medical care, diagnostic tests, medical equipment, appliances, drugs, prosthetic and orthotic devices, nutritional counseling, nursing, social services, therapies, dentistry, optometry, podiatry, and audiology. Health services may be provided in the LIFE adult health center, in your home, or in professional offices of specialists, hospitals, or nursing homes under agreement with LIFE.

**HEALTH TEAM** describes the LIFE program's professional team consisting of a primary care physician, certified registered nurse practitioner, social worker, registered nurse, physical, recreational, and occupational therapist and dietitian. They will assess your medical, functional and psychosocial status, and develop a treatment plan that identifies the services needed. Many of the services are provided and monitored by this health team. The health team must authorize all services you receive. The health team will perform periodic reassessments of your needs, and changes in the service plan may occur.

**HOSPITAL SERVICES** means those services that are generally and customarily provided by acute general hospitals.



**LIFE** is an acronym for “LIVING INDEPENDENCE FOR THE ELDERLY.” LIFE is **the** Pennsylvania Department of Human Services' community based managed care program for the frail elderly based on the federal Program of All-inclusive Care for the Elderly (PACE) or based on the Commonwealth’s Pre-PACE program which operates under a Prepaid Inpatient Health Plan.

**LIFE CONTRACTED PROVIDER** is defined as a health facility, health care professional, community living support service, or agency, which has contracted with LIFE to provide health and health-related services to participants.

**NURSING FACILITY** is defined as a health facility licensed for long-term care by the Commonwealth of Pennsylvania.

**OTHER SERVICES** are those services that support the provision of health services and help you maintain your independence. Such services include escort, translation, transportation, and assistance with housing problems.

**OUT-OF-AREA** means any area beyond LIFE's zip code Service Area.

**PACE** is the Program of All-inclusive Care for the Elderly, a community based model of care that began as a demonstration waiver in San Francisco, was replicated nationally through federal waivers and was authorized as a Medicare program and Medical Assistance state option in the Balanced Budget Act of 1997.

**PARTICIPANT** is defined as a person who meets LIFE's eligibility criteria and voluntarily signs an agreement with LIFE. The words "you" or "your" refer to a participant.

**PLAN ADVISORY COMMITTEE** is the committee that reports to and advises your LIFE program's governing board and establishes committees on matters related to the grievance and appeal process; quality assurance; utilization review process; and ethics. The committee is required to invite and/or include participants of the program, caregivers, community groups, the local Area Agency on Aging and Ombudsman.

**SERVICE AREA** means the zip codes in which the LIFE program provides care.

**Erie County:** 16401\*, 16403\*, 16407\*, 16410, 16411, 16412\*, 16413, 16415, 16417, 16421, 16423, 16426, 16427, 16428, 16430, 16435\*, 16438\*, 16441\*, 16442, 16443, 16444, 16475, 16501, 16502, 16503, 16504, 16505, 16506, 16507, 16508, 16509, 16510, 16511, 16512, 16514, 16515, 16522, 16530, 16531, 16534, 16541, 16544, 16546, 16550, 16553, 16563, 16565.

**Crawford:** 16110\*, 16111, 16125\*, 16131, 16134\*, 16314\*, 16316, 16317\*, 16327, 16328, 16335, 16354\*, 16360, 16388, 16401\*, 16403\*, 16404, 16406, 16407\*, 16412\*, 16422, 16424, 16432, 16433, 16434\*, 16435\*, 16438\*, 16440, 16441\*.

**Mercer:** 16057\*, 16110\*, 16113, 16114, 16121, 16124, 16125\*, 16127\*, 16130, 16133, 16134\*, 16137, 16142\*, 16143\*, 16145, 16146, 16148, 16150, 16151, 16153\*, 16154, 16156\*, 16159\*, 16161, 16311\*, 16314\*, 16342\*, 16362\*.

**Warren:** 16312, 16313, 16329, 16340, 16345, 16347\*, 16350, 16351\*, 16352, 16354\*, 16365, 16366, 16367,

16368, 16369, 16371, 16402, 16405, 16407\*, 16416, 16420, 16434\*, 16436, 16701\*.

**Clarion:** 15829\*, 15860\*, 15864\*, 16028\*, 16036\*\*, 16049\*, 16054\*\*,  
16058\*\*, 16213\*\*, 16214, 16217\*, 16220\*\*, 16221\*\*, 16224\*, 16225\*\*, 16230\*\*,  
16232\*, 16233, 16234\*\*, 16235, 16239\*, 16240\*, 16242\*, 16248, 16254, 16255,  
16257, 16258, 16260\*, 16319\*, 16326, 16331, 16332, 16334, 16353\*, 16361\*\*,  
16364\*, 16373\*, 16375\*\*

**Forest:** 15828, 16217, 16239, 16321, 16322, 16370, 16353, 16341\*, 16347\*,  
16351\*, 16260\*, 15825, 16364.

**Venango:** 16301, 16317, 16319, 16323, 16341, 16342, 16343, 16344, 16346,  
16362, 16364, 16372, 16373, 16374, 16153\*, 16311\*, 16314\*, 16353\*, 16354\*, 16038\*,  
16127\*.

**Elk:** 15821, 15822, 15823, 15824\*, 15827, 15828\*, 15831, 15832\*, 15834\*, 15841, 15845, 15846, 15853,  
15857, 15860\*, 15868, 15870, 16728, 16734, 16735\*.

**Jefferson:** 15711, 15715, 15730, 15733, 15744, 15764, 15767\*, 15770, 15772\*, 15776, 15778, 15780, 15781,  
15784, 15801\*, 15823\*, 15824, 15825, 15828\*, 15829, 15840, 15847, 15851, 15853\*, 15860, 15863, 15864,  
15865, 16222\*, 16240\*, 16256\*.

**Clearfield:** 15721, 15753, 15757, 15801, 15848, 15849, 15856, 15866, 16616, 16620, 16627, 16645, 16651,  
16656, 16661, 16663, 16666, 16671, 16680, 16681, 16692, 16698, 16821, 16825, 16830, 16833, 16834, 16836,  
16837, 16838, 16839, 16840, 16843, 16845, 16847, 16849, 16850, 16855, 16858, 16860, 16861, 16863, 16871,  
16873, 16876, 16878, 16879, 16881, 15724\*, 15742\*, 15767\*, 15823\*, 15824\*, 15840\*, 15851\*, 15865\*,  
16639\*, 16646\*, 16866\*

*\*These zip codes cross county lines. LIFE-NWPA participants belonging to the center in their county of residence may have access to providers in other counties as approved by the IDT team of the center in which they are enrolled. Prior approval is not required to obtain emergency medical services. More detail is provided earlier in this document.*

**Reserved for future use –**  
**Reserved for future use –**  
**Reserved for future use –**

**SERVICE LOCATION** is described as any location at which a participant obtains any health or health-related service under the terms of this agreement.

**URGENT MEDICAL CONDITION** means a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: Serious jeopardy to the health of the participant; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part. The individual believes they cannot or should not delay treatment.

## Financial Eligibility

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

*If you are eligible for:*

- **MEDICARE AND MEDICAL ASSISTANCE or MEDICAL ASSISTANCE ONLY**

If you are eligible for both Medicare and Medical Assistance, or Medical Assistance only, and reside in the community, you will make no monthly premium payment to (*Name LIFE Program*) and you will continue to receive all LIFE services, including prescription drugs. However; in some instances you may be held liable for any applicable spend down amounts (i.e. patient pay amounts) and any amounts due under the annual financial redetermination of income and assets process.

- **MEDICARE ONLY**

If you have Medicare and are not eligible for Medical Assistance, then you will pay a monthly premium to (*Name LIFE Program*). Your monthly premium of \$\_\_\_\_\_ starts on \_\_\_\_\_ (date). Because this premium does not include the cost of Medicare prescription drug coverage, you will be responsible for an additional monthly premium for Medicare prescription drug coverage in the amount of \$\_\_\_\_\_. You may pay both premiums together or you may contact your social worker for additional payment options.

- **PRIVATE PAY (Neither Medicare or Medical Assistance)**

If you are not eligible for Medicare or Medical Assistance, you will pay a monthly premium to (*Name LIFE Program*) in the amount of \$\_\_\_\_\_. Because this premium does not include the cost of prescription drugs, you will be responsible for an additional premium for prescription drug coverage in the amount of \$\_\_\_\_\_. You may pay both premiums together or you may contact your social worker for additional payment options.

### **Prescription Drug Coverage Late Enrollment Penalty**

Please be aware that if you are eligible for Medicare prescription drug coverage and are enrolling in LIFE-NWPA after going without Medicare prescription drug coverage or coverage that was at least as good as Medicare drug coverage for 63 or more consecutive days, you may have to pay a higher monthly amount for Medicare prescription drug coverage. You can contact your LIFE-NWPA social worker for more information about whether this applies to you.

### **Instructions for Making Payments to LIFE-NWPA**

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

Payment can be made by check or money order to:

LIFE-NWPA  
ATTN: Business Office  
100 State Street -Suite 200.  
Erie, Pa. 16507

\* If you are over the monthly income limit for Medical Assistance eligibility, you may be eligible to have Medical Assistance pay a portion of your monthly premium.

If you are eligible for Medicare, you will continue to be responsible for maintaining your monthly Medicare Part B premium to the Social Security Administration (SSA). If you are eligible for Medical Assistance, you must keep your resources under what is currently required by the Department of Human Services to continue eligibility. If your eligibility for Medicare or Medical Assistance changes while you are a LIFE participant, your monthly premium will be adjusted in accordance with that change.

Notify the County Assistance Office of the Department of Human Services and your LIFE social worker within 7 days of any changes in your income and assets. Assets include bank accounts, cash in hand, certificates of deposit, stocks, life insurance policies, and any other assets. You have a responsibility to provide true, correct and complete information to the County Assistance Office to the best of your ability. You must cooperate in documenting or providing the information you give. If you cannot provide proof, you should ask the County Assistance Office to help.

The state operates a fraud control program under which local, state, and federal officials may verify the information you have given. Any inappropriate nondisclosure of excess resources or misuse of participant's resources may be considered fraud.

### **Nursing Facility Placement**

Our goal is to provide services to enable you to remain in the community. However, if it is no longer feasible to meet your needs in the community, we have nursing facilities in our network to most effectively meet your needs, and we will continue to closely monitor you and the care you receive. This option will be reviewed and considered with you and your family if that need occurs.

While you are living in the community and are eligible for Medical Assistance, you are able to use your income to maintain your home. If you are placed in a nursing facility, your income will need to be reassessed based on Medical Assistance income requirements for nursing facility placement, and you may be required to contribute a monthly payment toward the cost of your care. This determination will be based on your spouse's income and assets as well as your own, and all income and assets must be disclosed. If a doctor states there is the possibility you can return to your home, you may be able to keep a portion of your income for up to six months to maintain your home so it is there when you return.

Any required payment will be paid directly to LIFE. Failure to pay your payment to LIFE will make you subject to involuntary disenrollment from the program.

Participants identified as responsible for a portion of or the total payment amount will be informed of the payment procedure. You have several options for making the payment to LIFE. You can pay your portion to LIFE-NWPA via: Personal Check, Money Order, Cash, or Credit Card.

Payment can be made by check or money order to:

LIFE-NWPA  
ATTN: Business Office  
100 State Street -Suite 200.  
Erie, Pa. 16507

**LIFE-NWPA Participant Enrollment Form**  
**Signature Page (page 1 of 3)**

I have received, read, and do understand LIFE's "Enrollment Agreement". The terms and conditions in this agreement have been explained to me. I have been given an opportunity to ask questions. All my questions have been answered to my satisfaction. I agree to participate in the LIFE program according to the terms and conditions in this Agreement. As a participant, I agree to receive and/or have coordinated my health and health-related services from LIFE. I also agree to allow disclosure and information exchange about my participation with LIFE between the federal and state government, the local Area Agency on Aging, and LIFE.

I understand that the benefits under this program are made possible through a special agreement that LIFE has with The Office of Long-Term Living and Medicare. I understand that when I sign this agreement, I am agreeing to accept benefits exclusively from LIFE in place of the usual Medical Assistance and Medicare benefits. LIFE will provide essentially the same benefits plus many more. I have received, read and agree to abide by the participant rights and responsibilities.

---

Participant's Name Printed *(First) (Middle) (Last)*      Participant's Signature      Date

---

Guardian/Representative Printed *(If applicable)*      Guardian/Representative Signature      Date

---

Guardian/Representative Address      (City)      (Zip)      (Phone #)

---

Witness Name Printed      Witness Signature      Date

---

LIFE Representative Printed      LIFE Representative Signature      Date

## LIFE-NWPA Participant Enrollment Form *(page 2 of 3)*

### Demographics

Name *(First) (Middle) (Last)* \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Ethnicity: Hispanic  Non-Hispanic  Sex: Male  Female

Race: Black/African American  American Indian/Alaskan Native  Asian  White   
Native Hawaiian/Pacific Islander  Other

### Payor Source

1. Is the participant private pay? Yes  No

2. Does the participant have Medical Assistance? Yes  No  Pending  If yes, please complete.

Medical Assistance: \_\_\_\_\_  
(County) (Record Number) (Line Number)

Recipient ID #: \_\_\_\_\_

3. Does the participant have Medicare? Yes  No  Pending  If yes, please complete.

Medicare ID #: \_\_\_\_\_ Part A:  Part B:

4. Does the participant have other health insurance/payor source? Yes  No  If yes, please complete.

Insurance Name: \_\_\_\_\_ Insurance ID #: \_\_\_\_\_

### Enrollment Information

LIFE Provider ID #: \_\_\_\_\_ Service Location Code: \_\_\_\_\_

Effective Date of Enrollment: \_\_\_\_-\_\_\_\_-\_\_\_\_

Service Begin Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Will an Alternative Care Setting (ACS) be used? Yes  No

## LIFE-NWPA Participant Enrollment Form (page 3 of 3)

### **Referral Data**

Did the participant receive Long-Term Care Services prior to enrolling in the LIFE Program? If so, where:

\*\*Nursing Facility  (If nursing facility stay was greater than 90 days, participant may be eligible for Money Follows Person (MFP))

Home & Community Based Waiver  Options Program  Other \_\_\_\_\_

Who assisted the participant in the transition to the LIFE Program? \_\_\_\_\_

## Inpatient Facilities

We have contract arrangements in place with inpatient facilities to meet your healthcare needs when necessary. All of our network providers understand our program and agree to comply with our program's requirements. We will still coordinate, arrange for and monitor your care through these providers.

<u><b>Name of Nursing Facility</b></u>	<u><b>Address</b></u>
LECOM at Village Square Erie, Pa. 16502	149 West 22nd St.
Pleasant Ridge Manor Girard, PA 16417	West 8300 West Ridge Road
Nugents CCRC 500 Hermitage, PA 16148	Clarksville Road
The Rouse Estate Youngsville, PA 16371	701 Rouse Ave
Crawford County Care Center Meadville, PA 16335	20882 State Hwy 198
Hospitality Care Center Hermitage, PA 16148	3726 E. State Street
Guardian Elder Care Clarion, PA 16214	999 Heidrick Street
Clarview Nursing & Rehab Ctr Sligo, PA 16255	14463 Route 68
Guardian Elder Care Warren, PA 16365	205 Water Street
Guardian Elder Care Shippenville, PA 16254	21158 Paint Blvd
Guardian Elder Care Titusville, PA 16354	81 Dillion Street



Guardian Elder Care Erie, PA 16511	3805 Field Street
Guardian Elder Care Erie, PA 16509	1267 S. Hill Road
Guardian Elder Care Erie, PA 16509	1521 W. 54 <sup>th</sup> Street
Guardian Elder Care Erie, PA 16506	4850 Zuck Road
LECOM at Presque Isle Erie, PA 16508	4114 Zuck Road
Warren Manor Warren, PA 16365	682 Pleasant Drive

**Name of Hospital      Address**

St. Vincent's Health System Erie, PA 16544	232 West 25th St.
UPMC Hamot Erie, PA 16550	201 State Street
Meadville Medical Center Meadville, PA 16335	751 Liberty Street
Titusville Area Hospital Titusville, PA 16354	406 West Oak Street
Sharon Regional Health Systems <i>subsidiary of Community Health Systems</i> Sharon, PA 16146	740 East State St.
UPMC Horizon Greenville, PA 16125	110 N Main Street
UPMC Jameson New Castle, PA 16105	1212 Wilmington Ave

Warren General Hospital Warren, PA 16365	2 West Crescent Park
Clarion Hospital Clarion, PA 16214	One Hospital Drive
Butler Health System Butler, PA 16001	One Hospital Way
Millcreek Community Hospital Erie, PA 16509	5515 Peach Street

**Provider Network & List of Employees That May Furnish Care**

1. Refer to Provider Network **ATTACHMENT B** which by signing this agreement you have acknowledged receipt of
  - a. **Revised:** \_\_\_\_\_
  
2. Refer to List of Employees That May Furnish Care **ATTACHMENT C** which by signing this agreement you have acknowledged receipt of
  - a. **Revised:** \_\_\_\_\_

**Your signature below verifies that you agree to allow LIFE to be your sole service provider and that you agree to receive all services through us, and when referred, the providers listed above.**

\_\_\_\_\_

Participant Signature (date)

\_\_\_\_\_

Participant Printed

\_\_\_\_\_

Representative Signature (date)

\_\_\_\_\_

Representative Printed

### **LIFE Monthly Premium and Payment Agreement**

I understand that as part of my participation in the LIFE program, I am required to pay monthly premiums as they relate to my continuing eligibility for Medical Assistance, Medicare and/or private pay services. I understand that the monthly fees may vary as my eligibility for these programs may change in the future, and may be adjusted annually. I may be required to pay monthly fees directly to LIFE.

I understand that all required payments to LIFE are due on the first of the month.

My payment to LIFE will be: \$ \_\_\_\_\_

Effective date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I agree to make the payment as indicated above:

\_\_\_\_\_  
Participant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant Printed

\_\_\_\_\_  
Representative Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Representative Printed

\_\_\_\_\_  
LIFE Staff Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
LIFE Staff Printed

## **LIFE Medical Record Review and Copying Cost Agreement**

I understand that as a participant in the LIFE program, I have the right to review and copy my medical records.

I understand that I must provide LIFE with \_\_\_\_\_ business days notice to review my record.

I understand that I must provide LIFE with \_\_\_\_\_ business days notice to obtain a copy of my record.

I understand that I may be charged \_\_\_\_\_ per page when requesting a copy of my record.

\_\_\_\_\_

Participant Signature

Date: \_\_\_\_\_

\_\_\_\_\_

Participant Printed

\_\_\_\_\_

Representative Signature

Date: \_\_\_\_\_

\_\_\_\_\_

Representative Printed

\_\_\_\_\_

LIFE Staff Signature

Date: \_\_\_\_\_

\_\_\_\_\_

LIFE Staff Printed

**ATTACHMENT A**  
**Notice Of Discrimination:**

LIFE-NWPA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LIFE-NWPA does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

LIFE-NWPA:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:  
Qualified interpreters
- Information written in other languages

If you need these services, contact LIFE-NWPA's Compliance Officer.

If you believe that LIFE-NWPA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Officer  
149 West 22<sup>nd</sup> Street  
Erie, PA 16502  
[Email: gmihna@lifenwpa.org](mailto:gmihna@lifenwpa.org)  
Phone: 814-456-5433  
Fax: 814-456-0383  
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, LIFE-NWPA's Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201  
1-800-368-1019  
800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION:** If you speak Spanish, Chinese, Vietnamese, Russian, Pennsylvanian Dutch, Korean, Italian, Arabic, French, German, Gujarati, Polish, French Creole, Mon-Khmer-Cambodian and Portuguese language assistance services, free of charge, are available to you. Call:

Language Line Services

1 Lower Ragsdale Drive, Bldg. 2

Monterey, CA 93940

@ 1-800-752-6096

(TTY: 1-814-456-7745).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-752-6096 (TTY: 1-814-456-7745).

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-752-6096 (TTY: 1-814-456-7745)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-752-6096 (TTY: 1-814-456-7745).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-752-6096 (TTY: 1-814-456-7745).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-752-6096 (TTY: 1-814-456-7745).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-752-6096 (TTY: 1-814-456-7745). 번으로 전화해 주십시오.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-752-6096 (TTY: 1-814-456-7745).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-752-6096 (TTY: 1-814-456-7745).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-800-752-6096 (TTY: 1-814-456-7450).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-752-6096 (TTY: 1-814-456-7745).

સચના: જો તમે ગજરાતી બોલતા હો, તો નન:શલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-752-6096 (TTY: 1-814-456-7745).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-752-6096 (TTY: 1-814-456-7745).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-752- 6096 (TTY: 1-814-456-7745).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-752-6096 (TTY: 1-814-456-7745).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-xxx-1-800- 752-6096 (TTY: 1-814-456-7745).



**ATTACHMENT B**

**INSERT**

**PROVIDER NETWORK**

**HERE**

**ATTACHMENT C**

**INSERT**

**List of Employees That May Furnish Care**

**HERE**