

## **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 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.

All LIFE services are provided and admissions and referrals are made without regard to race, sex, color, national origin, ancestry, religious creed, sexual orientation, or handicap. Complaints of discrimination may be filed with the following state agencies:

### **Office for Civil Rights**

**U.S. Department of Health &**

**Human Services**

**150 S. Independence Mall West**

**Suite 372, Public Ledger Building**

**Philadelphia, PA 19106-9111**

**Main Line: 215-861-4441**

### **Pennsylvania Human Relations Commission**

**301 Fifth Avenue**

**Suite 390, Piatt Place**

**Pittsburgh, PA 15222**

**412-565-5395**

**Hotline (800) 368-1019**

**412-565-5711 TTY users only**

**or visit the website: [www.phrc.state.pa.us](http://www.phrc.state.pa.us)**

## **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 services 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. A participant's voluntary disenrollment is effective the first day of the month following the date that LIFE receives our notice of voluntary disenrollment. You will need to sign a Disenrollment Form, which will indicate that you will no longer be entitled to services through LIFE. You may not disenroll from LIFE at a Social Security office. A LIFE participant may voluntarily disenroll from the program without cause at any time. Choosing to enroll in any other Medicare or 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**

An involuntary disenrollment occurs when LIFE terminates your benefits. Before you are involuntarily disenrolled from LIFE, a written notice will be provided to you. Your disenrollment will be effective the first day of the next month that begins 30 days after you receive a written notification from LIFE.

LIFE can terminate your benefits, if:

- You move out of LIFE's service areas.
- 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.
- Following a 30 day grace period, you fail to pay or make satisfactory arrangement to any applicable Medicaid spend down liability or any amount due under the post-eligibility treatment of income process, as permitted under sections 460.182 and 460.184.
- 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 contracts with outside providers and/or State 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.

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.