

Mission and Vision

LIFE Geisinger's mission is to provide high quality, comprehensive, team-based care to the frail elderly, in order to maximize independence and quality of life.

LIFE Geisinger's vision is to build a comprehensive network serving the needs of frail elders in the communities of Central and Northeastern Pennsylvania, and through this network, provide support for Pennsylvania's growing aging population through direct care, teaching, and aging research.

Important Information Sheet

Local Emergency Phone Numbers (Ambulance, Fire, Police)

911

LIFE Geisinger Day Centers

IHM Scranton: 1-800-395-8759 or 570-558-6160

Roosevelt Court Kulpmont: 1-866-230-6465 or 570-373-2100

Local County Ombudsman

Columbia/Montour County: 570-784-9272

Lackawanna County: 570-344-7190

Luzerne County: 570-825-8567

Northumberland County: 570-495-2395

Schuykill County: 570-628-3931

Local County Area Agency on Aging & Protective Services

Columbia/Montour County: 570-784-9272

Lackawanna County: 570-963-6740

Luzerne County: 570-822-1158

Northumberland County: 570-495-2395

Schuykill County: 570-622-3103

Enrollment Agreement - Table of Contents

Section	Page #
Mission and Vision	01
Important Information Sheet.....	02
Welcome to LIFE Geisinger	04
Special Features of LIFE Geisinger	05
Advantages of Enrolling in LIFE Geisinger	06
Benefit Services/Coverage	07-08
Exclusions and Limitations	09
Emergency Services & Urgently Needed Care	10
Services Received Outside the LIFE Geisinger Service Area	11
Eligibility/Enrollment.....	12-13
Termination of Benefits	14-15
Participant Grievance/Appeal Procedure	16-17
Your Rights as a Participant	18-19
Participant and Caregiver Responsibilities	20-21
General Provisions.....	21
Definitions	22-23
Financial Eligibility	24-25
Nursing Facility Placement	26
Language Assistance	27
LIFE Geisinger Signature Page	A
Inpatient Facilities	B
LIFE Geisinger Monthly Premium and Payment Agreement.....	C
Participant Financial Responsibility Sheet	D

Welcome to LIFE Geisinger

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 Geisinger.

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

1. be at least 60 years old; and
2. live in designated service area; and
3. meet eligibility criteria for nursing facility level of care; and
4. be certified Medicaid eligible by the Department of Public Welfare for LIFE Geisinger or be able to private pay; and
5. be able to live safely in the community with services from LIFE Geisinger.

We at LIFE Geisinger 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 Geisinger has with the Pennsylvania Department of Public Welfare (through the Office of Medical Assistance Programs). If you decide to enroll in the program, you agree to accept benefits from LIFE Geisinger in place of the usual Medical Assistance benefits. You will no longer receive services through Medicaid fee for service or a Medicaid managed care plan, LIFE Geisinger 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 Geisinger.

Special Features of LIFE Geisinger

LIFE Geisinger 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 day health 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 Geisinger 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 Geisinger 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), with a pharmacy, 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 Geisinger program, you must agree to receive services through LIFE Geisinger. 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 Medical Assistance Program. You must receive all needed health care, including primary care and specialist physician services (other than emergency services) from the LIFE Geisinger program. You may be fully and personally liable for the cost of unauthorized services. The LIFE Geisinger health team will coordinate all of your care.

Note: While you are free to choose your providers for Medicare covered services at this time, LIFE Geisinger strongly encourages you to consider receiving all of your care from the LIFE Geisinger primary care providers, specialists, and hospitals. That is what makes coordination of your care possible. The medical providers have been chosen because of their expertise and desire to work with frail older adults in a team setting.

Services Provided Exclusively Through LIFE Geisinger - There are many services provided through LIFE Geisinger 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 Geisinger

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).
- Prior approval is not required to obtain emergency medical services. More detail is provided on page 10.

Benefit Services/Coverage

All services provided or arranged by LIFE Geisinger 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 Geisinger 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 Geisinger 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 not covered by Medicare Part D.
- 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 not covered by Medicare Part D.
- Blood and blood derivatives.
- Surgical care, including the use of anesthesia.
- Use of oxygen.
- Physical, speech, occupational, and respiratory 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 not covered by Medicare Part D.
- 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 Geisinger provides access to care 24 hours per day, 7 days per week and 365 days per year.

When you enroll in LIFE Geisinger, you will receive instructions to keep in your home. LIFE Geisinger staff is on-call 24 hours a day, seven days a week. LIFE Geisinger 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 Geisinger 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 any illness, injury, or severe condition which under reasonable standards of medical practice, would be diagnosed and treated within a twenty-four (24) hour period and if left untreated, could rapidly become a crisis or Emergency Medical Condition.

If you need urgent (but not emergency) care:

Please call LIFE Geisinger at:

IHM Day Center - Scranton 800-395-8759 or 570-558-6160

Roosevelt Court Center - Kulpmont 866-230-6465 or 570-373-2100

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 Geisinger participant, and present your LIFE Geisinger card to the emergency room staff.

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

Services Received Outside The LIFE Geisinger Service Area

LIFE Geisinger also covers emergency and urgently needed care when you are temporarily out of the region for a period up to 30 days. **THE LIFE GEISINGER 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 Geisinger 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 Geisinger. If you should be hospitalized, LIFE Geisinger would like to transfer you to a hospital designated by us as soon as you are physically able. Remaining in the care of LIFE Geisinger is the best way to coordinate your health care needs. **NOTE:** You must return to LIFE Geisinger 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 Geisinger Director for approval and reimbursement. LIFE Geisinger 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 Geisinger or b) the services are not pre-approved by LIFE Geisinger because LIFE Geisinger did not respond to a request for approval within one hour after being contacted or cannot be contacted for approval. LIFE Geisinger is not obligated to pay for any follow-up care. You must return to LIFE Geisinger 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 Director for review. The Director will notify you within ten days whether payment will be made by LIFE Geisinger.

If you receive care outside of the United States, LIFE Geisinger 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 Geisinger, 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 decided together by you and the LIFE Geisinger health team when 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 Geisinger. You may be required to disenroll from a Medicare HMO, so we can effectively coordinate your care.

Enrolling in LIFE Geisinger includes four steps:

- Intake
- Assessment
- Determination of Medical and Financial Eligibility
- Enrollment.

Your benefit coverage officially begins after final approval, on your enrollment date.

1. Intake

Intake begins when you or someone on your behalf makes a call to LIFE Geisinger. 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 Geisinger program works, the kinds of services LIFE Geisinger offers, and answers to any questions you may have about LIFE Geisinger.
- We will explain that if you enroll, you must agree that all of your healthcare services will be provided and/or coordinated by LIFE Geisinger, including primary care and specialist physician services (other than emergency or urgently needed services). Members of your health team will approve these services. LIFE Geisinger 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 Geisinger Center to see what it is like. If you are interested in enrolling, our program representative will assist you with the enrollment process.

2. Assessment

The LIFE Geisinger 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 Geisinger can not guarantee or offer enrollment before a formal eligibility determination has been made.

3. Determination of Medical and Financial Eligibility

Because LIFE Geisinger 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.

4. 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 Geisinger 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 Geisinger, all of your Medical Assistance services must be authorized or coordinated by the LIFE Geisinger health team. (Remember, approval is not required for emergency care.)
- What to do if you are unhappy with the LIFE Geisinger program. (See Participant Grievance Procedure.)

Final Approval and Enrollment

If you decide to join LIFE Geisinger, 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 Geisinger'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 Geisinger.

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

All LIFE Geisinger services are provided and admissions and referrals are made without regard to race, sex, color, national origin, ancestry, religious creed, 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
Hotline: (800) 368-1019

Pennsylvania Human Relations Commission
Riverfront Office Center
1101-1125 S. Front Street, 5th Floor
Harrisburg, PA 17104-2515
Phone: (717) 787-9784
Telephone: (717) 787-7279

Termination of Benefits

Your benefits under LIFE Geisinger 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 Geisinger 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 Geisinger'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 Geisinger after midnight on the last day of the month. You may not disenroll from LIFE Geisinger at a Social Security office. Choosing to enroll in any other Medicaid prepayment plan or optional benefit, after you enrolled in LIFE Geisinger, is considered a voluntary disenrollment from LIFE Geisinger.

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

If you voluntarily disenroll from LIFE Geisinger while you are living in a Personal Care Boarding Home, you may not be able to continue to live there.

Involuntary Disenrollment

LIFE Geisinger can terminate your benefits, if:

- You move out of the LIFE Geisinger service area.
- You move into a licensed Personal Care Boarding Home that is not approved by LIFE Geisinger and the Department of Public Welfare.
- 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 amount due LIFE Geisinger 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 Geisinger loses the contracts and/or licenses enabling it to offer health care services.

Before you are involuntarily disenrolled from LIFE Geisinger, 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 Geisinger 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 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 Geisinger 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 Public Welfare 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 Geisinger; or are initiating an involuntary disenrollment from LIFE Geisinger. 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 Public Welfare and the Local Area Agency on Aging. You will also be notified in writing of your additional appeal rights under Medicare, or Medicaid 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 in LIFE Geisinger you have the following rights:

- To have the Enrollment Agreement fully discussed and explained to you in a language you understand (which includes Braille if necessary).
- To have all treatments and treatment options fully discussed and explained to you in a culturally competent manner and in a language you understand (which includes Braille if necessary).
- To be fully informed in writing in a language you understand, (which includes Braille if necessary) prior to enrollment, at the time of enrollment, and when there is a change in services, of the services available from LIFE Geisinger at the Center or at other locations and whether delivered through contracts or provided directly by LIFE Geisinger staff.
- To not be required to perform services for LIFE Geisinger.
- To be fully informed of rights and responsibilities as a participant in LIFE Geisinger and to exercise your rights as a participant. This may include voicing grievances and recommending changes in policies and services to center staff and outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by the Center or its staff.
- To be fully informed of the appeal process including LIFE Geisinger, Medicare, and Medicaid appeals processes, and be provided, by LIFE Geisinger staff, any assistance needed to file an appeal, as outlined in LIFE Geisinger's appeal process.
- To appeal any treatment decision of the LIFE Geisinger program, its employees, or its contractors through said processes.
- To be fully informed by the interdisciplinary team of your health and functional status.
- To participate in the development and implementation of your service plan designed to promote your functional ability to the optimal level and to encourage your independence. The interdisciplinary team must agree upon these services.
- To choose your health care provider including your primary care physician and specialists from LIFE Geisinger's contracted network.
- To request access to a qualified specialist for women's health for routine or preventive women's health services.
- To access emergency services without prior approval.
- To request reassessment by the interdisciplinary team.

- To be given reasonable advance notice, in writing, of any transfer to another treatment setting and justification for the transfer.
- To receive information on advance directives and assistance in completing forms to carry out your wishes.
- To receive treatment and rehabilitation services.
- To be treated with dignity and respect, and be afforded privacy, confidentiality, and humane care in all aspects of care provided.
- To receive services in a culturally competent manner even if you have limited English language skills and a diverse cultural and ethnic background.
- To be free from harm; corporal punishment; excessive medication; physical or chemical restraints imposed for the purpose of discipline or convenience and not required to treat medical symptoms; involuntary seclusion; physical or mental abuse; or neglect.
- To be free from hazardous procedures.
- To have reasonable access to telephones.
- To be assured of confidential treatment of all information contained in your health record, including information contained in any automated data bank. We will require your written consent or authorization for the release of information to persons not otherwise authorized under law to receive it. You may provide written consent or authorization, which limits the degree of information and the persons to whom information may be given.
- To review your own records and to request and receive a copy of your medical records and to request that they be amended or corrected.
- To make healthcare decisions, including the right to refuse treatment and be informed of the consequences of such refusal.
- To receive competent, considerate, respectful care from LIFE Geisinger staff and contractors without regard to race, religion, ethnicity, sexual orientation, color, age, sex, source of payment, national origin or mental or physical disability.
- To receive comprehensive health care in a safe and clean environment, and in an accessible manner.
- To be able to examine and to be provided assistance to examine the results of the most recent review of LIFE Geisinger conducted by the state and federal government and any plan of correction in effect.
- To end your participation in LIFE Geisinger any time subject to the terms of your enrollment agreement.
- To be encouraged and assisted to exercise rights as a Participant, to recommend changes in policies and services to LIFE staff, and to exercise civil and legal rights
- To have staff orally review the Bill of Rights with you and your caregiver at enrollment in a language understood by you.

Participant and Caregiver Responsibilities

Participants and caregivers have the following responsibilities:

- Accept help from LIFE Geisinger staff without regard to race, religion, color, age, sex, national origin or disability of the care provider.
- Keep appointments or notify LIFE Geisinger if an appointment cannot be kept.
- Supply accurate and complete information to LIFE Geisinger staff.
- Authorize LIFE Geisinger 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 Geisinger 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 Geisinger of all health insurance coverage and notify LIFE Geisinger promptly of any changes in that coverage.
- Cooperate with LIFE Geisinger in billing for and collecting applicable fees from Medicare and other third party payers.
- Notify the County Assistance Office of the Department of Public Welfare and your LIFE Geisinger 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 Geisinger 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 Geisinger promptly of any change in address or lengthy absence from the area. Notice should be mailed to our office at:

LIFE Geisinger
Administrative Office
100 North Academy Avenue
Danville, PA 17822-2412

- 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 Geisinger for direction right away at 800-395-8759 or 570-558-6160.
- In case of emergency, call 911.
- If emergency services are required elsewhere or out of the service area, you must notify LIFE Geisinger within forty-eight hours or as soon as reasonably possible.
- Notify LIFE Geisinger in writing prior to disenrolling.
- Pay required monthly fees, if applicable.

General Provisions

CHANGES TO AGREEMENT: Changes to this agreement may be made if the Department of Public Welfare approves them. 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, members 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 Geisinger 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 Geisinger 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 Geisinger, 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 Geisinger and the Department of Public Welfare's Office of Medical Assistance Programs. This agreement gives you the same benefits you would receive under Medical Assistance and/or Medicare plus many additional 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 Public Welfare's criteria for nursing facility level of care. LIFE Geisinger'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 Geisinger 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 maybe provided in the LIFE Geisinger adult health center, in your home, or in professional offices of specialists, hospitals, or nursing homes under agreement with LIFE Geisinger.

HEALTH TEAM describes the LIFE Geisinger program's professional team consisting of a primary care physician, social worker, registered nurse, physical, recreational, and occupational therapist, pharmacist, 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 Independently for Elders.

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.

LTCCAP is the Long Term Care Capitated Assistance Program, the Pennsylvania Department of Public Welfare's community based managed care program for the frail elderly based on the federal Program of All-inclusive Care for the Elderly (PACE).

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

OTHER SERVICES mean 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 Geisinger zip code 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 Medicaid state option in the Balanced Budget Act of 1997.

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

PLAN ADVISORY COMMITTEE is the committee that reports to and advises your LIFE Geisinger 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 Geisinger program provides care. LIFE Geisinger zip codes by Day Center and County are:

IHM Day Center Scranton: 18403, 18407, 18410, 18411, 18414, 18416, 18420, 18433, 18433, 18434, 18440, 18444, 18447, 18448, 18452, 18471, 18501, 18502, 18503, 18504, 18505, 18507, 18508, 18509, 18510, 18512, 18514, 18515, 18517, 18518, 18519, 18522, 18540, 18577, 18653 and the following zip codes in Luzerne County: 18640, 18641, 18642.

Roosevelt Court Kulpmont: Columbia: 17815, 17820, 17859, 17888, 18631; Montour: 17821; Northumberland: 17801, 17823, 17824, 17832, 17834, 17836, 17851, 17857, 17860, 17866, 17867, 17868, 17872, 17877, 17881; and Schuylkill: 17901, 17921, 17923, 17929, 17931, 17935, 17938, 17941, 17948, 17954, 17957, 17959, 17963, 17964, 17965, 17967, 17968, 17970, 17972, 17976, 17978, 17980, 17981, 17983, 17985;

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 is any illness, injury, or severe condition which under reasonable standards of medical practice, would be diagnosed and treated within a twenty-four (24) hour period and if left untreated, could rapidly become a crisis or Emergency Medical Condition.

Financial Eligibility

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

If you are eligible for:

- **MEDICARE AND MEDICAID or MEDICAID ONLY** - If you are eligible for both Medicare and Medicaid, or Medicaid only, and reside in the community you will make no monthly premium payment to LIFE Geisinger and you will continue to receive all LIFE services, including prescription drugs.
- **MEDICARE ONLY** - If you have Medicare and are not eligible for Medicaid, then you will pay a monthly premium to LIFE Geisinger. 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 Medicaid) - If you are not eligible for Medicare or Medicaid, you will pay a monthly premium to LIFE Geisinger 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 Geisinger 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 Geisinger social worker for more information about whether this applies to you.

Instructions for Making Payments to LIFE Geisinger

If you have to pay a monthly charge to LIFE Geisinger, 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 on the first day of every month.

Payment can be made by cash, credit card payment (Master Card or Visa), or personal check payable to "Geisinger Community Health Services." and sent to:

LIFE Geisinger
100 N. Academy Avenue
Danville, PA 17822-2412

Financial Eligibility (Continued)

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 Public Welfare to continue eligibility. If your eligibility for Medicare or Medical Assistance changes while you are a LIFE Geisinger participant, your monthly premium will be adjusted in accordance with that change.

Notify the County Assistance Office of the Department of Public Welfare and your LIFE Geisinger 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, 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 Geisinger. Failure to pay your payment to LIFE Geisinger 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 Geisinger (See Participant Financial Responsibility Sheet).

Language Assistance

This document contains information about a home and community-based program for older adults who need nursing care. If you need this in another language, please call (717) 772-2525.

Este documento contiene información acerca del programa basado en hogar y comunidad para adultos mayores que necesitan servicios de enfermera. Si necesita esta información en otro idioma, favor de llamar al (717) 772-2525.

Этот документ содержит информацию о Доме и об Общественной программе для престарелых людей, которые нуждаются в постоянном уходе. Если вам нужна более подробная информация на русском языке, пожалуйста позвоните по телефону (717) 772-2525.

이 서류는 병 간호가 필요한 노인들을 위한 자택 및 지역사회에 기반한 프로그램에 대한 정보를 담고 있습니다. 다른 언어로 된 서류가 필요하시면, 717-772-2525 로 전화 하십시오.

BẢN VĂN NÀY CHỨA ĐỰNG THÔNG TIN VỀ MỘT CHỖ Ở VÀ CHƯƠNG TRÌNH CỦA CỘNG ĐỒNG DÀNH CHO NGƯỜI LỚN TUỔI CẦN ĐƯỢC SỰ CHĂM SÓC DƯỠNG LÃO. NẾU QUÍ VỊ CẦN BẢN VĂN NÀY BẰNG NGÔN NGỮ KHÁC, XIN GỌI SỐ 717-772-2525.