



Trinity Health

PACE

Saint Francis
LIFE

ENROLLMENT AGREEMENT

Revision Date: 12/15/2021

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

IMPORTANT INFORMATION

Important phone numbers to remember:

Saint Francis LIFE

Wilmington Riverfront Center: 302-660-3351

1072 Justison Street

Wilmington, DE 19801

Open 8:00 a.m. – 5:00 p.m.

College Avenue Center: 302-661-7400

30 Executive Drive

Newark, DE 19702

Open 8:00 a-m- – 5:00 p-m-

LIFE Emergency Phone

Available 24 hours a day.

Wilmington Riverfront: 302-660-3351

College Avenue: 302-661-7400

Other important phone numbers:

Poison Control Center: 1-800-222-1212

Ombudsman: 1-800-223-9074

Older Adult Protective Services: 1-800-223-9074

Office for Civil Rights: 302-577-5400

Delaware Human Relations Commission: 302-577-5050

ATTENTION: If you speak Spanish, Chinese (including Mandarin and Cantonese), French Creole (including Cajun), West African, Haitian, Tagalog (including Filipino), Gujarati, German, Telugu, Swahili or other languages of Central, Eastern and Southern Africa, Hindi, Italian, Korean, Arabic, Tamil, Dutch (including Afrikaans, Yiddish, Pennsylvania Dutch), Urdu, Vietnamese, Nepali, Marathi, Greek or Portuguese, language assistance services, free of charge, are available to you. Call 1.302.660.3351.

If you are hearing impaired, please access the DE Relay Service at 800.232.5460 or by dialing 711.

TABLE OF CONTENTS

WELCOME TO LIFE4

SPECIAL FEATURES OF LIFE5

ADVANTAGES OF ENROLLING IN LIFE6

BENEFIT SERVICES/COVERAGE6

EXCLUSIONS AND LIMITATIONS9

EMERGENCY SERVICES & URGENTLY NEEDED CARE9

SERVICES RECEIVED OUTSIDE THE LIFE SERVICE AREA10

ELIGIBILITY/ENROLLMENT11

TERMINATION OF BENEFITS15

PARTICIPANT GRIEVANCE/APPEAL PROCEDURE16

YOUR RIGHTS AS A PARTICIPANT19

GENERAL PROVISIONS22

DEFINITIONS23

FINANCIAL ELIGIBILITY25

NURSING FACILITY PLACEMENT26

SAINT FRANCIS LIFE PARTICIPANT ENROLLMENT FORM28

SAINT FRANCIS LIFE PROVIDERS30

LIFE MONTHLY PREMIUM & PAYMENT AGREEMENT33

DISCRIMINATION IS AGAINST THE LAW34

LANGUAGE ASSISTANCE SERVICES AVAILABLE35

SAINT FRANCIS LIFE STATEMENT OF UNDERSTANDING36

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 these zip codes in New Castle County: 19701, 19702, 19703, 19706, 19707, 19709, 19711, 19713, 19720, 19730, 19734, 19736, 19801, 19802, 19803, 19804, 19805, 19806, 19807, 19808, 19809, 19810, 19938*, 19977*
(*portions of the zip codes located within New Castle County only)
3. meet eligibility criteria for nursing facility level of care
4. be able to live safely in the community with services from LIFE.

The goals of LIFE are:

- To maximize the independence, dignity, and respect of LIFE members.
- To help make LIFE members more independent and improve their quality of life.
- To provide coordinated, quality health care to LIFE members.
- To help keep LIFE members living safely in their homes and communities as long as possible.
- To help support and keep LIFE members together with their family.

Note: To enroll in LIFE, individuals must be certified by the Delaware Division of Medicaid and Medical Assistance (DMMA) as long-term care 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 Delaware Health and Social Services (through the Division for Medicaid and Medical Assistance) and the federal government (known as the Centers for Medicare and Medicaid Services). 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 day center and through our in-home services 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 complete an in person assessment of your needs on a regular basis, within 30 days of your enrollment, at least every six months, but more frequently if necessary, and immediately if you have a change in your condition. 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 primary care provider 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.

Note: LIFE asks you to receive all of your care from the LIFE primary care providers, specialists, and hospitals. This 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 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 a health care plan with flexible benefits. Other advantages of the program include:

- Care designed specifically for your individual needs.
- One provider to oversee your care whether at home, in a hospital, or in a nursing facility.
- Our dedicated, qualified geriatric health professionals who know you personally.
- Complete long-term care services and coverage.
- Coordinated 24-hour advice and care.
- Support for family caregivers.
- No co-insurance, deductibles or payments due for services you receive as long as you utilize LIFE providers and services. Note that emergency services will be covered.
- Prior approval is not required to obtain emergency medical services. More detail is provided on page 9-10.

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

- Primary medical and specialist care, including physical examinations, consultations, routine and preventive health care, immunizations and Women's Health Care Services. A Primary Care Provider is on call 24 hours every day.
- Nursing care, including skilled care, help with medications, wound and respiratory care.
- Social services including case management, individual and group therapy, assistance with financial management and Advance Directives.
- Physical, occupational and speech therapies.
- Therapeutic Recreational services.
- Nutritional counseling and education, including information on special diets and choosing and cooking healthy foods.
- Laboratory tests, x-rays and other diagnostic procedures.
- Prescription medications by the LIFE Primary Care providers. As a Medicare Part D provider, all medications will be through the approved network pharmacy.

- Ambulance Services
- Emergency coverage anywhere in the United States and urgently needed care outside the LIFE service area
- Post stabilization Care

The following contracted services require approval by the LIFE team before an appointment is made:

Podiatry Services, including routine foot care

Vision care, including the following:

- eye test and general eye exam by the LIFE primary care provider upon enrollment
- approved appointments with an eye doctor for routine eye care or when eye care is needed appointments scheduled after approval by the Team per the PCP's recommendation.
- eye exam, treatment, and corrective lenses, based upon assessment, need, and approval by the Team.

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. All Dental services must be approved and scheduled by the health team, Services may include:

- Oral exam by the PCP
- 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

Psychiatry/Psychotherapeutic Services /Behavioral Health, including evaluation, consultation, diagnosis, and treatment

Audiology Evaluation, including evaluation, hearing aids, repairs and maintenance

Artificial Devices, such as prosthetics, orthotics, durable medical equipment (per Medicare and Medical Assistance Guidelines).

Services Provided in your Home, as needed

- Skilled nursing services.
- Primary care provider and registered nurse 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.
- Psychiatric services
- Meals
- Drugs and biologics.
- Diagnostic or Therapeutic Items and Services
- Medical surgical/intensive care/coronary care unit.
- Laboratory tests, x-rays and other diagnostic procedures.
- Kidney Dialysis
- Dressing, cast, supplies
- Operating room and recovery
- Organ and Bone Marrow Transplants (non-experimental and non- investigative)
- Blood, blood plasma, blood factors and blood derivatives.
- Use of oxygen and anesthesia.
- Physical, speech, occupational and respiratory therapy services.
- Use of Appliances, such as a wheelchair
- Substance abuse
- 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 biologics.

- Physical, speech, occupational and respiratory services.
- Social services.
- Medical supplies and appliances.

End of Life Services

Your team will remain involved with your care for the remainder of your life. This includes comfort care during difficult end of life situations. If you wish to receive the Medicare hospice benefit, you will need to disenroll from our program.

Other Services

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

EXCLUSIONS AND LIMITATIONS

Saint Francis LIFE will not pay for the following services:

- 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.
- 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. LIFE staff is on-call 24 hours a day, seven days a week.

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. Please call the LIFE center at: 302-660-3351 and briefly describe the situation.

If after hours and you need to talk to a health care provider because you have an injury or feel ill and it cannot wait until regular clinic hours, please follow these instructions:

- If you think it is an emergency - dial 911. (You think your life is in danger or you may suffer a permanent injury if you are not seen immediately.)

- For all other care after regular hours, on weekends and holidays, please call Saint Francis LIFE at 302-660-3351. The answering service will contact the on-call nurse for you. The telephone number is also on your membership card and the sticker we gave you to post in your home. To leave a message for any Saint Francis LIFE staff member, call 302-660-3351 and give the answering service your message. For the hearing impaired, call the Delaware Relay Operator 1-800-232-5460.

If you need urgent (but not emergency) care:

Urgent Care is care provided to a LIFE participant who is out of the LIFE Provider's service area, and who believes their illness or injury is too severe to postpone treatment until they return to the service area, but their life or function is not in serious jeopardy.

If you need urgent (but not emergency) care:

- (1) Monday through Friday 8:00 a.m. to 5:00 p.m.- please call your LIFE Provider at: 302-660-3351 and briefly describe the situation.
- (2) During off hours or on weekends or holidays, contact your LIFE Provider at: 302-660-3351 and briefly describe the situation.

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 LIFE service area for a period up to 30 days. **THE LIFE HEALTH TEAM MUST BE TOLD IN ADVANCE OF ALL VISITS OR MOVES OUT OF THE LIFE SERVICE AREA. THE VISIT OR MOVE SHOULD NOT BE OVER 30 DAYS UNLESS YOUR LIFE PROVIDER AGREES TO A LONGER ABSENCE DUE TO EXTENUATING CIRCUMSTANCES.**

If you receive emergency or urgent care when you are temporarily out of the service area, you must **tell your LIFE Provider 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 your LIFE Provider 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 your LIFE Provider 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 service 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 review. The Executive Director will notify you within ten days whether payment will be made by LIFE.

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 and are later billed, contact your LIFE Provider and provide information about the provider's name, your treatment, date(s) of service, and charges to your LIFE Provider for review for payment. Your LIFE Provider will notify you within ten days whether payment will be made.

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

You can buy travel insurance to help cover costs.

Because PACE has limited coverage of health care services outside the U.S., you can buy a travel insurance policy to get more coverage when you travel. You can get information about travel insurance from an insurance agent or a travel agent. Be sure the travel insurance you buy covers health care services and emergency evacuation. Read the conditions or restrictions carefully.

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. The Enrollment Agreement will last until the date of disenrollment. You will get a new enrollment agreement if any of the terms change after you enroll. All changes will be explained to you. You will have a chance to ask questions. LIFE must be sure you understand any changes.

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 LIFE Enrollment Specialist will schedule an appointment and visit you at home. They will 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 offers 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.

If you are interested in enrolling, our Enrollment Specialist will assist you with the enrollment process.

Assessment

The next step is the LIFE Level of Care Nurse will visit you at home to discuss your medical needs in more detail. You might also be visited by the LIFE Occupational Therapist to discuss how you move about your home and any safety issues.

Then you will visit the LIFE Center and meet with the rest of the team: Primary Care Provider, Nurse, Social Worker, Dietitian, Physical Therapist, and Recreational Therapist. Each member of this team will meet with you in person to evaluate your needs and goals. After the assessment has been completed, the team will meet to specifically discuss your evaluation and determine if your needs can be appropriately met by our program. If so, the team will develop an individual plan of care and 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

To be eligible for LIFE, the state must certify that your health status meets its nursing facility level of care criteria. LIFE submits its recommendation to a DMMA Pre-Admission Screening nurse, who will make the final decision. Saint Francis LIFE will let you know the decision. If DMMA determines that you do not meet nursing home level of care, you will not be able to enroll in the LIFE program. Saint Francis LIFE will work with you to find other services to meet your needs. You may also appeal the denial of enrollment and Saint Francis LIFE will give you information on how to appeal to DMMA.

If you need Medicaid to pay for LIFE services, your enrollment agreement will not be complete until you are approved for by the DMMA for Medicaid long-term care community based services. Once medically and financially approved, you may enroll in the LIFE 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 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 that approval is not required for emergency care);
- Review your monthly fee, if any; and
- 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 magnet with LIFE's after hours number and emergency telephone number to post in your home.
- A list of the health team members and LIFE contracted healthcare providers.
- A temporary Saint Francis LIFE card that will identify you as a LIFE program participant until you receive your permanent new insurance card from LIFE.

Your enrollment starts on the first day of the month after you sign the Enrollment Agreement. You will get a new Enrollment Agreement if any of the terms change after you enroll. All changes will be explained to you. You will have a chance to ask questions.

Since LIFE provides comprehensive care for its participants, enrollment in LIFE results in disenrollment from any other Medicare or Medical Assistance prepayment plan or optional benefit. Electing enrollment in any other Medicare or Medicaid prepayment plan or optional benefit, including the hospice benefit, after enrolling as a LIFE participant is considered a voluntary disenrollment from LIFE. If a Medicaid-only or private pay participant becomes eligible for Medicare after enrollment in LIFE, the participant will be disenrolled from LIFE if he or she elects to obtain Medicare coverage other than from the participant's LIFE organization.

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 South Independence Mall West
Suite 372 Public Ledger Building
Philadelphia, PA 19106-9111
Main Line: 215.861.4441
Hotline: 800.368.1019

Delaware Division of Human Relations 820
N. French Street, 4th Floor
Wilmington, DE 19801
Main Line: 302.577.5050
Toll Free: 877.544.8626
[www.https:// statehumanrelations.delaware.gov/](https://statehumanrelations.delaware.gov/)

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 Saint Francis LIFE in order to remain in the PACE program.

Saint Francis LIFE 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.

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 Saint Francis LIFE in place of your usual Medicare and Medicaid benefits.

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. 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 effective the first day of the month following the date Saint Francis LIFE receives your notice of voluntary disenrollment. You may not disenroll from LIFE at a Social Security office. 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

LIFE can terminate your benefits, if:

- You move out of the LIFE service area.
- You or your caregiver engages in disruptive or threatening behavior. Disruptive or threatening behavior refers to behavior which jeopardizes the health or safety of the participant or others; individual is competent and non-compliant with individual care plans and/or terms of this agreement.
- 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.
- The agreement with the federal and state government is terminated.
- LIFE loses the contracts and/or licenses enabling it to offer health care services.

Your involuntary disenrollment is effective on the first day of the month that begins 30 days after the day the program sends you notice of the disenrollment.

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, you or your caregiver 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.

- You may tell any staff member or a member of the Participant Advisory Committee (PAC) about your concern. You may also write your concern and give it to a staff member or send it to the Social Services Manager at Saint Francis LIFE, 1072 Justison Street, Wilmington, Delaware 19801.
- You may speak with the Social Services Manager while at the Center. You may also call the Social Services Manager at 302-660-3351 about your concern. For the hearing impaired, call 1-800-232-5460.
- The staff that receives your grievance will discuss with you. Please give complete information so that appropriate staff can help to resolve your concern in a timely manner. The staff member will write your concern on the LIFE Grievance Form and give the form to the Social Services Manager, who will read your concern. He/She will speak with the supervisor or manager who will address your concern and try to find a solution.
- If the supervisor or manager cannot resolve your concern within five (5) business days, he/she may need more time. This extra time is called an extension. If more time is needed, the supervisor or manager will contact you to ask for more time to resolve your concern, and the reason why more time is needed. This extension should not take longer than seven (7) business days.
- If you are not happy with the outcome of your concern, you have the right to call or write to the State PACE Program Administrator at 302-255-9500, fax to 302-255-4481. or 1-800-232-5460 (TTY). You may write to:

State PACE Program Administrator

Delaware Department of Health and Social Services

Division of Medicaid & Medical Assistance at:

1901 N. DuPont Highway, Lewis Building

New Castle, DE 19720

- You may also call the Division of Services for Aging and Adults with Disabilities at the Delaware Aging and Disability Resource Center (ADRC) at 1-800-223-9074 or 302-424-7141 (TDD).
- You may request a copy of the Grievance Form that tells how the supervisor or manager addressed and tried to resolve your concern.

Appeal Procedure

An appeal is an action you can take when Saint Francis LIFE will not pay for a service or reduces or denies a service request. At the time of enrollment and at least annually thereafter Saint Francis LIFE will tell you, your caregiver, or authorized representative about the appeals process and provide you with the information in writing.

If you, your caregiver, or designated representative request to start, continue or modify a certain service, your request will be brought to the team as quickly as possible, but no later than three (3) calendar days from the time the request is made. The Saint Francis LIFE team will look at the request to evaluate if the services is necessary to meet the participant's medical, physical, emotional, and social needs. A member of the team will notify you or your designated representative of their decision to approve, deny or partially deny the requested service as quickly as your condition requires, but no later than three (3) calendar days from the time the request is brought to the team. The member will explain why the requested service is not a necessary service to improve or maintain your overall health status and tell you that you have a right to appeal the decision. You will also receive a letter from Saint Francis LIFE with the explanation in writing and receive a copy of your appeal rights. All appeals will remain private.

You or your designated representative have 30 calendar days from the date you receive the denial letter from Saint Francis LIFE to request an appeal. Should you, or your designated representative choose to appeal the denied or partially denied service, please contact your Social Worker. Your Social Worker will tell you how the appeals process works and can help you file your appeal if you so desire.

Saint Francis LIFE will respond to and make a decision to resolve your appeal as quickly as your health condition requires, but no later than 30 calendar days after we receive your request to appeal. Everyone who has an interest in the appeal, including you, will have a chance to give facts about the appeal in person, and/or in writing.

Your appeal will be reviewed by an individual who was not involved in the original service request decision. This individual is a well-qualified professional and impartial third party, who does not have a stake in the result of your appeal. You or your representative may give facts about your appeal to this individual in writing, over the phone, or in person.

During the appeals process if you are enrolled in Medicaid, Saint Francis LIFE will continue to provide services until a final decision is made under the following conditions:

- If Saint Francis LIFE wants to end or reduce services being given, you may request that those services continue during the appeal process.

- If you choose to continue the services, you may have to pay for those services if the appeal is not decided in your favor.

Saint Francis LIFE will continue to provide all other services that you are currently receiving.

If you believe your life or health is in danger without the denied or partially denied service, Saint Francis LIFE will respond to the appeal as quickly as your health calls for or within seventy-two (72) hours after Saint Francis LIFE receives your request to appeal. This is called an expedited appeal.

This expedited appeal may be increased to fourteen (14) days if you ask for more time or if Saint Francis LIFE can explain to the State Administering Agency (SAA) more time is needed for additional information and how it would be in the participant's best interest. If the appeal decision is made in your favor, Saint Francis LIFE will notify you and provide the requested service as quickly as your health requires.

If the decision of the Impartial third party is not made in your favor, Saint Francis LIFE will notify you, the Center for Medicare and Medicaid Services, and the State Administering Agency (SAA) in writing.

If you choose, you may also file an appeal under Medicare or Medicaid. Saint Francis LIFE will help you or your representative to file this appeal to Medicare, or Medicaid or both. The process you choose depends upon whether you are eligible for Medicare, Medicaid, OR eligible for both Medicaid and Medicare. If you are enrolled in both Medicare and Medicaid OR Medicaid only, you or your designated representative have the right to request a State Fair Hearing by contacting:

Department of Health and Social Services
Division of Medicaid and Medical Assistance (DMMA)
Fair Hearing Officer
1901 North DuPont Highway
P.O. Box 906, Lewis Building
New Castle, DE 19720
FAX: 302-255-4481

If you are enrolled in both Medicare and Medicaid OR Medicare only, you or your designated representative may use Medicare's external appeal process. Your Saint Francis LIFE Social Worker will assist you with your appeal.

YOUR RIGHTS AS A PARTICIPANT

As a participant in LIFE you have the following rights:

You have the Right to be Treated with Respect.

You have the right to be treated with dignity and respect at all times, to have all of your care kept private and to get compassionate, considerate care.

You have the Right to:

- Get all of your health care in a safe, clean environment in an accessible manner.
- Be free from harm. This includes receiving excessive medicines; Physical or Mental abuse or neglect; Physical punishment; being placed alone against your will; or have any physical or chemical restraint used on you for discipline or convenience of staff. This is not medicine that you need to treat your health conditions or to prevent injury.
- Use your rights in the Saint Francis LIFE program.
- Get help, if you need it, to use the Medicare and Medicaid complaint and appeal processes, as well as your civil and other legal rights.
- Be encouraged and helped in talking to Saint Francis LIFE staff about changes in policy and services you think should be made.
- Use a telephone while at the Saint Francis LIFE Center.
- Not to have to do work or services for the Saint Francis LIFE program.

You have a Right to Respect and Protection against Discrimination.

- Each participant has the right to considerate respectful care from all Saint Francis LIFE staff members and contractors at all times.
- Each participant has the right not to be discriminated against in the delivery of required PACE services based on: Race / Ethnic Origin, Religion, Age, Sex, Mental or physical ability, Sexual Orientation, or Source of payment for your health care (For example, Medicare or Medicaid).
- Discrimination is against the law. Every company or agency that works with Medicare and Medicaid must obey the law.
- If you think you have been discriminated against for any of these reasons, inform a Saint Francis LIFE staff member to assist you with your concern.
- If you have any questions, you can call the Office for Civil Rights at Toll free: 1-800-368-1019. TTD/TTY users should call 1-800-537-7697.

You Have a Right to Information and Assistance.

You have the right to get accurate, easy-to-understand information and to have someone help you make informed health care decisions.

You have the Right to:

- Have someone help you if you have a language or communication barrier so you can understand all information given to you.
- Have information given to you in your preferred language if your first language is not English and you are unable to speak or read English well enough to understand the information. Saint Francis LIFE will have the information interpreted into your preferred language in a culturally competent manner.
- Get marketing materials and the Saint Francis LIFE Participant Bill of Rights in English and in any other frequently used language in your community. You may also receive these materials in Braille, if needed.
- Have the enrollment agreement fully explained to you in a manner understood by you.
- Get a written copy of your rights from Saint Francis LIFE. Saint Francis LIFE must post these rights in a public place in the LIFE center where it is easy to see them.
- Be fully informed, in writing, of the services offered by Saint Francis LIFE program. This includes services provided by Saint Francis LIFE and services provided by contractors. This information must be given to you before you enroll and at the time, you enroll in Saint Francis LIFE, and when you need to make a choice about what services to receive.
- Look at, or upon request, to have a Saint Francis LIFE staff member help you to look at the most recent reviews of Saint Francis LIFE. All PACE programs are evaluated by Federal and State Agencies. You also have a right to review how the Saint Francis LIFE program plans to correct any problems that are found at inspection.

You have a Right to a Choice of Providers

You have the right to choose a health care provider within the Saint Francis LIFE program's network and to get quality health care. Women have the right to get services from a qualified women's health care specialist for routine or preventive women's health care services.

You have a Right to Access Emergency Services

You have the right to get emergency services when and where you need them without the Saint Francis LIFE program's approval. A medical emergency is when you think your health is in serious danger and every second counts. You may have a bad injury, a sudden illness or an illness quickly getting much worse. You can get emergency care anywhere.

You have a Right to Participate in Treatment Decisions

You have the right to participate fully in all your health care decisions. If you are unable to participate fully in making these decisions, you may choose someone you trust to help you or to act on your behalf.

You have the Right to:

- Have all treatment options explained to you in words you understand.
- Be fully informed of your health status, how well you are doing, and to make health care decisions.

- Have reasonable and timely access to specialists as indicated by your health condition and consistent with the current clinical practice guidelines.
- Not get treatment or take medicines. If you do not want treatment or medicines, your health care provider must tell you how this will affect your health.
- Have Saint Francis LIFE help you to make an advance directive. This written document tells others how you want your health care decisions to be made in case you cannot speak for yourself. You should give your Advanced Directive to the person you choose to carry out your instructions and make health care decisions for you.
- Participate in making and carrying out your plan of care. You can ask for your plan of care to be reviewed at any time.
- Be given advance notice, in writing, of any plan to move you to another treatment setting and the reason you are being moved.
- Receive necessary care in all care settings, up to and including placement in a long-term care facility when the PACE organization can no longer provide the services necessary to maintain you safely in the community.

You have a Right to have your Health Information Kept Private

You have the Right to:

- Talk with health care providers in private.
- Have your personal health care information kept private, including any health data collected and kept in your Electronic Health Record, is protected under Federal and State laws.
- Look at, and receive copies of your health record and request amendments
- Be assured that we will ask for your written consent to release information to persons not otherwise authorized to receive it under law.
- Give written consent to limit the amount of information that may be released to the individual authorized to receive your health information.
- There is a patient privacy rule that gives you more access to your own medical records and more control over how your personal health information is used. If you have any
- questions about this privacy rule, call the Office for Civil Rights at 1-800-368-1019. TTD/TTY users should call 800-537-7697.

You have a Right to File a Complaint

You have a Right to:

- Complain about the services you are receiving or the services that you need but did not receive.
- Complain about the quality of your care, or any other concerns or problems you have with Saint Francis LIFE care or services.
- A fair and timely process for resolving concerns with Saint Francis LIFE services.
- A full explanation of the complaint or grievance process.

- Be encouraged and helped to explain your concerns to the Saint Francis LIFE staff and any outside representative of your choice.
- Not be harmed, punished, threatened or discriminated against for telling someone your concerns.
- Appeal any treatment decision by the Saint Francis LIFE program, staff, or contractors.

You have a right to leave the Program

If for any reason you do not feel that the Saint Francis LIFE program is what you want or need, you have the right to start the disenrollment process at anytime and have such disenrollment be effective the first day of the month following the date Saint Francis LIFE receives the notice of the voluntary disenrollment.

Additional Help

You have the right to contact Medicare at 1-800-MEDICARE or 1-800-633-4227 to make a complaint related to the quality of care or delivery of a service. If you have complaints about Saint Francis LIFE, or you think your rights have been violated, or you want to speak with someone outside Saint Francis LIFE about your concerns, contact Medicare at 1-800-MEDICARE or 1-800-633-4227 to get the name and phone number of someone in your State Administering Agency. TDD/TTY users should call 1-877-486-2048. You may also contact the Delaware PACE State Administering Agency at:

Division of Medicaid and Medical Assistance

Herman M. Holloway Sr. Health and Social Services Campus

1901 N. DuPont Highway

New Castle, DE 19720

Office: 302.255.9753

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 State of Delaware 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 Delaware Department of Health and Social Services Division of Medicaid and Medical Assistance 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 Delaware Department of Health and Social Services Division of Medicaid and Medical Assistance 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, social worker, registered nurse, physical, recreational, occupational therapist, home care coordinator 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 is the Delaware Department of Health and Social Services community based managed care program for the frail elderly based on the federal Program of All-inclusive Care for the Elderly (PACE).

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 State of Delaware.

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.

Outside the U.S. means anywhere other than includes the 50 states of the U.S., the District of Columbia, and the U.S. territories (Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands).

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.

Service Area means the geographic location in which the LIFE program provides care. Saint Francis LIFE's service area includes: 19701, 19702, 19703, 19706, 19707, 19709, 19711, 19713, 19720, 19730, 19734, 19736, 19801, 19802, 19803, 19804, 19805, 19806, 19807, 19808, 19809, 19810, 19938*, 19977* (*portions of these zip codes located within New Castle County only).

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 Saint Francis LIFE 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 Saint Francis LIFE. 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 Saint Francis LIFE 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 Saint Francis LIFE 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 Saint Francis LIFE social worker for more information about whether this applies to you.

Instructions for Making Payments to Saint Francis LIFE

If you have to pay a monthly charge to Saint Francis LIFE, 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:

**Saint Francis LIFE
1072 Justison Street
Wilmington, DE 19801**

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 Delaware Department of Health and Social Services Division of Medicaid and Medical Assistance 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 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 Delaware Department of Health and Social Services Division of Medicaid and Medical Assistance to the best of your ability. You must cooperate in documenting or providing the information you give.

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 less a monthly personal care allowance per state Medicaid guidelines. 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 may either pay the amount requested by invoice by the 20th of the month being billed or you can elect to have LIFE become Representative Payee.

At the time of placement your social worker will discuss with you and your family how the monthly premium is to be paid and an agreement outlining your decision will be completed and signed by you and your family.

SAINT FRANCIS LIFE PARTICIPANT ENROLLMENT FORM -PG 1 of 2

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 and LIFE.

I understand that the benefits under this program are made possible through a special agreement that LIFE has with Delaware Department of Health and Social Services Division of Medicaid and Medical Assistance 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 Name Printed (First, Middle, Last)	Participant Signature	Date

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

_____	_____	_____
Guardian/Representative Address	City	Zip

_____	_____	_____
Witness Name Printed	Witness Signature	Date

_____	_____	_____
LIFE Representative Name Printed	LIFE Representative Signature	Date

Demographics

Participant Name Printed (First, Middle, Last)

_____	_____	_____
Participant Address	City	Zip

_____	_____
Participant Date of Birth	Social Security Number

SAINT FRANCIS LIFE PARTICIPANT ENROLLMENT FORM -PG 2 of 2

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 Pending

If yes, please complete.

Insurance: _____
(Insurance Name) (Insurance ID #)

Enrollment Information

LIFE Provider ID#: _____ Service Location Code: _____

Effective Date of Enrollment: _____ Service Begin Date: _____

Referral Data

Did the participant receive Long-Term Care Services prior to enrolling in the LIFE Program?

If so, where: _____

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

Home & Community Based Waiver Other _____

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

SAINT FRANCIS LIFE PROVIDER NETWORK LISTING AS OF 11-1-21

ACUTE CARE INPATIENT

- Saint Francis Hospital
- Christiana Care Hospital (Pending)
- Acute Care Inpatient

AMBULANCE

- Saint Francis Hospital EMS
- Urgent Ambulance Service

ANESTHESIOLOGY

- Northstar Anesthesia LLC
- Premier Anesthesia of Delaware

ASSISTED LIVING SERVICES

- Ingleside Homes

AUDIOLOGY

- Nemours SeniorCare
- Wilmington Audiology Services

BEHAVIORIAL HEALTH & SOCIAL SERVICES PROVIDERS

- Brandywine Counseling & Community Services Inc
- LifeStance Behavioral Health
- Monique Byers Schaffstall LCSW, LCDP, CADC, CCDP-D

CARDIOLOGY

- Bellevue Heart Group LLC
- Partners in CardioVascular Health

CENTER MEALS

- Lintons Foods Services Management

COLORECTAL SURGERY

- Colon and Rectal Surgery Associates of Delaware

DENTAL

- Comprehensive Mobile Care
- Darla M Brice DDS MS
- Henrietta Johnson Medical Center
- Nemours SeniorCare

DENTAL-ORAL SURGERY

- Darla Brice DDS MS
- Henrietta Johnson Medical Center

DERMATOLOGY

- Burke Dermatology PA

DIALYSIS SERVICES

- FMC Wilmington
- Fresenius Medical Care of Middletown
- Mid-Atlantic Care LLC

DME MAINTENANCE AND REPAIR

- 1st State Accessibility, LLC
- Premier Home Medical Equipment

DURABLE MEDICAL EQUIPMENT

- American Homepatient Inc
- Breg Inc
- Carepoint Medical Solutions
- Christiana Care Health Services Dental Clinic
- Comprehensive Mobile Care Inc
- Darla Brice DDS MS
- National Seating & Mobility
- Nemours Senior Care
- Numotion
- Saint Francis LIFE-Rehab Stock
- StateServ Network Services
- Wilmington Audiology Services

DRUGS AND BIOLOGICALS

- CareKinesis

ENDOCRINOLOGY

- Muhammad Smith MD

GASTROENTEROLOGY

- Delaware Center for Digestive Care LLC

GENERAL SURGERY

- Center for Advanced Surgical Arts
- Mid-Atlantic Surgical Practice LLC
- Ramaz Metreveli MD PA
- Saint Francis Hospital Ambulatory Surgery

GYNECOLOGY

- Henderson OB/GYN
- Saint Francis Hospital OB/GYN Center

HEMATOLOGY/ONCOLOGY

- Saint Francis Hematology-Oncology

HOME HEALTH

- Bayada Home Health Care - HHA
- Bayada Home Health Care - LPN
- Neighborly Home Care
- Homewatch Caregivers of DE - HHA
- Homewatch Caregivers of DE - Homemaker
- Saint Francis LIFE In Home Services - HHA
- Saint Francis LIFE In Home Services - Homemaker
- Saint Francis LIFE In Home Services - Skilled Nursing
- Visiting Angels Exton/Wilmington (Pending)

HOME MEALS

- City Fare Meals on Wheels
- Mom's Meals

HOSPICE HOMECARE

- Compassionate Care Hospice of DE LLC

INTERNAL MEDICINE/HOSPITALIST

- Delaware Post Acute Medical Services

LABORATORY OUTPATIENT

- Delaware Post Acute Medical Services

LONG TERM CARE

- Cadia Rehabilitation Broadmeadow
- Cadia Rehabilitation Pike Creek
- Cadia Rehabilitation Silverside
- Regal Heights Healthcare & Rehabilitation Center
- Regency Healthcare & Rehabilitation Center

MENTAL HEALTH INPATIENT

- MeadowWood BHS
- Rockford Center

MEDICAL SUPPLIES

- Brandywine Podiatry
- Lawall Prosthetics Orthotics Inc
- Saint Francis LIFE-Clinic Stock
- Saint Francis LIFE-Clinic Stock
- Saint Francis LIFE-Home Care Stock
- Saint Francis LIFE-Home Care Stock
- Saint Francis LIFE-Rehab Stock

NEPHROLOGY

- Nephrology Associates

NEUROLOGY

- Wilmington Neurology Consultants PA

NEUROSURGERY

- Wilmington Neurology Consultants PA

OPHTHALMOLOGY

- Eye Center of Delaware
- Mid-Atlantic Retinal Specialist
- Nemours SeniorCare

OPTOMETRY

- Comprehensive Mobile Care Inc
- Eye Center of Delaware
- Nemours SeniorCare

ORTHOPAEDICS

- Premier Orthopaedic

OTOLARYNGOLOGY

- Wilmington Otolaryngology Associates

OUTPATIENT FACILITY

- Saint Francis Healthcare Outpatient Infusion Center

OXYGEN/RESPIRATORY DEVICES

- American Homepatient Inc
- Premier Home Medical Equipment

PAIN MANAGEMENT

- Saint Francis Hospital Spine and Pain Center
- Tristate Interventional Pain & Wellness Center

PHYSICAL MEDICINE/REHAB

- Neuro Fitness Therapy
- Saint Francis Hospital Cardiac Rehabilitation
- Saint Francis Outpatient Therapy

PLASTIC SURGERY

- Jonathan Saunders MD FACS

PODIATRY

- Jonathan Saunders MD FACS

PRESCRIPTION FOOTWEAR

- Lawall Prosthetics Orthotics Inc

PROSTHETICS AND ORTHOTICS

- Lawall Prosthetics & Orthotics Inc
- SimplyYou Inc

PSYCHIATRY

- Brandywine Counseling & Community Services Inc
- LifeStance Behavioral Health
- Christiana Care Addiction Care

PSYCHOLOGY

- Carol Graham Shekhar PhD

PULMONARY DISEASE

- Anthony Vasile DO

PULMONARY REHAB

- Saint Francis Hospital Pulmonary Rehabilitation

RADIOLOGY

- Imaging Group of Delaware PA
- Saint Francis Hospital- Radiology

RESPIRATORY THERAPY

- Saint Francis Hospital Respiratory Therapy

RHEUMATOLOGY

- Rheumatology Consultants

SLEEP MEDICINE

- Rheumatology Consultants

SKILLED NURSING FACILITY SERVICES

- Cadia Rehabilitation Pike Creek
- Cadia Rehabilitation Silverside
- Regal Heights Healthcare & Rehabilitation Center
- Regal Heights-Therapy Services
- Regency-Therapy Services

SPEECH PATHOLOGY

- Cadia Rehabilitation Silverside
- Regal Heights Healthcare & Rehabilitation Center LTC
- Saint Francis Hospital Home Care Speech
- Saint Francis Hospital-Speech

SPEECH/HEARING AIDS

- Nemours SeniorCare
- Wilmington Audiology Services

SUBSTANCE TREATMENT INPATIENT

- Rockford Center

URGENT CARE

- Rockford Center

UROLOGY

- Brandywine Urology Consultants

VASCULAR SURGERY

- Mid-Atlantic Surgical Practice LLC
- Vascular Specialists of Delaware PA

VISION HARDWARE

- Comprehensive Mobile Care Inc
- Eye Center of Delaware-Vision Hardware
- Nemours Senior Care

WOUND CARE

- Saint Francis Hospital Wound Care
- Wound Healing Solutions

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 and present your LIFE insurance card at all provider visits.

Participant Signature (date)

Representative Signature (date)

Participant Printed

Representative Printed

LIFE MONTHLY PREMIUM & PAYMENT AGREEMENT

I understand that as part of my participation in the LIFE program, I am required to pay a monthly fee related to my continuing eligibility for Medical Assistance, Medicare and/or private pay services. I understand that if at any time I become eligible for Medical Assistance, Saint Francis LIFE will assist me in applying for this coverage. 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.

I agree to make the payment as indicated below:

My payment to LIFE will be: \$ _____

Effective date: _____

_____ Participant Signature	_____ Participant Printed	_____ Date
_____ Representative Signature	_____ Representative Printed	_____ Date
_____ LIFE Staff Signature	_____ LIFE Staff Printed	_____ Date

DISCRIMINATION IS AGAINST THE LAW

Saint Francis LIFE complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Saint Francis LIFE does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Saint Francis LIFE provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats (large print, audio, accessible electronic formats and other formats).

Saint Francis LIFE provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, contact Clare Thomas at 302-660-3351.

If you believe that Saint Francis LIFE 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:

Clare Thomas, Director of Quality, Compliance and Credentialing
1072 Justison Street
Wilmington, Delaware 19801
(Phone) 1-302-660-3351 or TTY: 1-800-232-5460
(Fax) 1-302-575-8236
cthomas@che-east.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Clare Thomas, Director of Quality, Compliance and Credentialing, 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/portaV/obby.isf> or by mail or phone at:

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

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

APPENDIX G.

LANGUAGE ASSISTANCE SERVICES AVAILABLE

Spanish: Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 302-660-3351 (TTY: 711).

Chinese: 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 302-660-3351 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German/Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 302-660-3351 (TTY: 711).

German: Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 302-660-3351 (TTY: 711).

Italian: Attenzione: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 302-660-3351 (TTY: 711).

French: Attention: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 302-660-3351 (ATS: 711).

Vietnamese: Chú Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 302-660-3351 (TTY: 711).

Russian: Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 302-660-3351 (телетайп: 711).

Arabic: مقرر لصلصتا ناچمرلاب كل رفاوتت ةىوغلللا ةدعاسمرلا تامردخ نإف، ةغلللا ركذا ثدحتت تنك اذا: ةظوحلم 302-660-3351 (رقم : 711) ه. مرصلا مركبل او.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 302-660-3351 (TTY: 711) 번으로 전화해 주십시오.

Polish: Uwaga: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 302-660-3351 (TTY: 711).

Hindi: ेलएि मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 302-660-3351 (TTY: 711) पर कॉल करें।

Gujurati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 302-660-3351 (TTY: 711).

Tagalog Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 302-660-3351 (TTY: 711).

French Creole Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 302-660-3351 (TTY: 711).

Greek: Προσοχή: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 302-660-3351 (TTY: 711).

Portuguese: Atenção: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 302-660-3351 (TTY: 711).

SAINT FRANCIS LIFE STATEMENT OF UNDERSTANDING

The services available from Saint Francis LIFE have been explained to me by their Marketing and Enrollment staff, on _____. I understand that:

- The Enrollment Specialist who explained this program to me works for Saint Francis LIFE. The person does not work for a city, state or federal agency.
- I agree to comply with the plan of care.
- I agree that I will come to all medical appointments as scheduled by the clinic.
- Providers at Saint Francis LIFE will take care of my health problems. They will take care of me if I am in the hospital or in a nursing home care.
- I agree to see only doctors in the Saint Francis LIFE Plan.
- Staff working for or contracting with Saint Francis LIFE may provide in home personal care and meals if needed. Those services from other agencies will stop after enrolled into the program.
- I agree to be assessed by the Saint Francis LIFE Interdisciplinary Team (IDT): Physician, Registered Nurse, Social Worker, Physical Therapist, Occupational Therapist, Dietitian, Recreational Therapist, In Home Services Coordinator, or other professionals if needed
- Joining Saint Francis LIFE is voluntary and I can leave at any time for any reason.
- I understand that choosing Saint Francis LIFE results in leaving any other Medicare or Medicaid program. This includes Hospice and the Part D prescription plan.
- I will allow Saint Francis LIFE to give information about me to the Centers for Medicare and Medicaid Services (CMS), and Delaware Department of Health and Social Services Division of Medicaid and Medical Assistance.
- I understand that I may not join or sign out of Saint Francis LIFE at a Social Security Office.
- I understand that if I have both Medicare and Medicaid, I do not have to pay any other costs. I may have to pay any spend down and any amounts due under the post-eligibility treatment of income process

Signature of Applicant/ Representative

Date

Signature Saint Francis LIFE Marketing & Enrollment Staff

Date