

Determination of Medical and Financial Eligibility

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

IMPORTANT NOTICE

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

Participants Without Medicare Coverage at the Time of Enrollment

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

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 LIFE if you do not wish your Medicare services to be administered by the LIFE program.