Frequently Asked Questions for Primary Care Physicians

Understanding and Referring Patients to the Living Independence for the Elderly Program in Pennsylvania (LIFE)

Primary care physicians often care for older adults with multiple chronic conditions, functional or cognitive impairment, complex medication regimens, and significant social and long-term care needs. These patients may require more coordination and support than can be provided through traditional office-based care alone.

The federal **Program of All-Inclusive Care for the Elderly** s known as **Living Independence for the Elderly (LIFE)** in Pennsylvania and is a comprehensive, integrated model designed for adults who require high level care but are able to continue living safely in the community with appropriate support. LIFE combines medical care, long-term services and supports, behavioral health, rehabilitation, transportation, social services, and other services through a coordinated interdisciplinary team.

For primary care physicians, recognizing patients who may benefit from LIFE can create an important pathway to more coordinated, proactive care for frail patients with complex needs.

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1. What is LIFE?

Living Independence for the Elderly (LIFE) is the Pennsylvania Program of All-Inclusive Care for the Elderly (known as PACE in other states). **LIFE** is a comprehensive Medicare and Medicaid care model for older and frail adults who meet criteria for a high level of care but are able to live safely in the community with LIFE assistance.

LIFE assumes responsibility for coordinating and financing nearly all of a participant's healthcare and provides covered services through an interdisciplinary care team, the LIFE center, the participant's home, and contracted providers.

LIFE is **not simply an adult day care program**. It is a comprehensive healthcare delivery model that integrates primary care, specialty care, medications, rehabilitation, home-based services, transportation, social services, and long-term care.

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2. Is the Pennsylvania LIFE Program the Same as PACENET Prescription Assistance?

No. The Pennsylvania LIFE program is completely separate from the PACENET and PACE prescription assistance programs.

To Avoid Confusion

LIFE (Living Independence for the Elderly) is Pennsylvania's name for the federal Program of All-Inclusive Care for the Elderly. LIFE is administered by Pennsylvania Department of Human Services (PA-DHS) in our Commonwealth. LIFE provides comprehensive services for eligible seniors through a coordinated interdisciplinary care team, including:

- Medical care
- Prescription medications
- Behavioral health services
- Home care and personal assistance
- Transportation
- Rehabilitation therapies
- Social and supportive services

PACENET and PACE (Pharmaceutical Assistance Contract for the Elderly) are Pennsylvania prescription drug assistance programs that help eligible seniors reduce out-of-pocket medication costs. These programs work alongside Medicare Part D and other insurance coverage and are administered by the Pennsylvania Department of Aging.

Pennsylvania intentionally adopted the name LIFE (Living Independence for the Elderly) for the federal Program of All-Inclusive Care for the Elderly because the Commonwealth already had long-established PACENET and PACE prescription assistance programs, creating significant potential for confusion.

Bottom Line

LIFE = Comprehensive healthcare and long-term support services for eligible seniors. In Pennsylvania, this program is called LIFE, while throughout most of the country it is known as PACE (Program of All-Inclusive Care for the Elderly). LIFE includes prescription medications as part of its comprehensive benefit package.

PACENET/PACE = Prescription medication assistance programs only. These programs help eligible seniors pay for medications but do not provide the broad medical, social, homecare, transportation, and supportive services available through LIFE.

Once a senior enrolls in LIFE, there is no need for separate PACENET/PACE prescription assistance because prescription medications are already included at no additional cost among the many comprehensive services provided through the LIFE program to eligible seniors.

3. Which patients are eligible for LIFE?

A patient generally must:

- Be **55 years of age or older**
- Live within a LIFE program's service area
- Require a **nursing-home type level of care**, as certified by the state
- Be able to live safely in the community with LIFE support
- Voluntarily agree to participate

Patients cannot concurrently be enrolled in a Medicare Advantage plan, Medicare prepayment plan, Medicare Shared Savings Program ACO, Medicare prescription drug plan, or hospice.

The average LIFE participant is approximately 76 years old and frequently has multiple complex medical conditions, cognitive and/or functional impairments, and significant health and long-term care needs. **Approximately 90% are dually eligible** for Medicare and Medicaid.

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4. Which patients benefit from LIFE?

LIFE may be particularly helpful for an older patient with:

- Multiple complex chronic conditions
- Increasing functional impairment
- Cognitive impairment or dementia-related needs
- Significant long-term care or personal-care needs
- Difficulty coordinating multiple specialists or services
- Recurrent or potentially avoidable hospital or emergency department use
- Transportation barriers
- Need for home-based services or rehabilitation
- Significant caregiver burden
- A desire to remain in the community rather than move to an institutional setting

The core goals of LIFE are to maximize independence, coordinate care, and improve quality of life. Several studies have demonstrated the effectiveness of the PACE patient-centered outcomes with reduced hospitalizations and nursing home placements combined with better patient and family satisfaction.

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5. Why should I support LIFE evaluation of appropriate patients?

LIFE is designed to address many of the challenges faced by medically and socially complex older adults through **one coordinated system of care**.

For an appropriate patient, potential advantages include:

- A single interdisciplinary team coordinating care
- Greater access to medical and supportive services
- Home-based support that can help delay or avoid institutionalization
- Transportation to LIFE and healthcare appointments
- Rehabilitation and functional support
- Medication and specialty-care coordination
- Social services and nutritional support
- Caregiver respite and a single point of contact
- A care model focused on prevention and maintaining independence

Better coordination, a single care team, and transportation services can reduce fragmentation, while home-based support can help patients remain in their communities.

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6. What is the main reason PCPs should identify patients who may qualify?

Patients who qualify for LIFE are often among the most medically and socially complex individuals in a primary care practice. Their needs frequently extend beyond what can be addressed through episodic physician visits alone.

LIFE creates an integrated system around those needs—combining primary and specialty care, home support, rehabilitation, medications, transportation, social services, long-term care, and caregiver support through one interdisciplinary plan of care.

The evidence associates the model with **fewer hospitalizations, reduced long-term nursing home placement, fewer unmet functional needs, and better patient-centered outcomes**, while supporting the fundamental goal of helping nursing-home-eligible adults remain in their communities when safely possible.

For the right patient, a LIFE referral can therefore be an important clinical intervention—not simply an insurance or benefits referral.

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7. Does LIFE help patients remain at home?

That is one of the model's central objectives.

LIFE participants qualify for nursing-home type levels of care, yet the program is structured to provide the medical care, personal assistance, rehabilitation, transportation, social support, and home-based services that can allow appropriate participants to remain safely in the community.

Home-based support may help delay or avoid long-term institutionalization, and the LIFE overview notes that approximately **97% of participants live in the community**.

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8. What healthcare and supportive services does LIFE provide?

LIFE provides a broad continuum of services based on the participant's individualized needs. Services include:

- Primary care
- Specialty care, including behavioral health and dementia care
- Prescription medications
- Laboratory and diagnostic services
- Home care
- Hospital and emergency care
- Nursing home care when necessary
- Adult day health services
- Physical, occupational, and speech therapy
- Mental health counseling
- Transportation
- Dentistry
- Audiology
- Ophthalmology
- Podiatry
- Nutritional counseling
- Social work and social services
- Durable medical equipment, including wheelchairs, walkers, oxygen, hospital beds, and diabetes supplies

This breadth of services allows care to be organized around the participant rather than requiring the patient or caregiver to independently navigate multiple disconnected systems.

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9. Who is responsible for coordinating the patient's care?

LIFE uses an **interdisciplinary team** to assess the participant's needs, develop and update an individualized plan of care, coordinate services, and oversee care delivered through the LIFE center and contracted providers.

The interdisciplinary team described in the presentation includes:

- Physician
- Nurse practitioner
- Nurse
- Social worker
- Physical, occupational, and speech therapists
- Dietitian
- Pharmacist
- Transportation staff
- Personal care aides

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10. What happens to my role as the patient's PCP after enrollment?

Usually, the **LIFE physician and medical team become the participant's primary medical providers after enrollment**.

The patient's previous PCP may provide medical records, clinical history, or specialty input. A previous PCP can sometimes assist in transition visits in coordination with the LIFE organization. Strong communication between the treatment team and PCP is particularly important during enrollment, hospitalization, and disenrollment.

The LIFE transitions episodic out-patient care into a more intensive, integrated care model, not an abandonment of the patient. Effective transfer of clinical information helps support continuity.

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11. Will my patient have to go to an adult day center every day?

Many participants attend the adult day health center several days per week for services such as therapy, meals, activities, medical oversight, nursing care, rehabilitation, exercise, nutritional counseling, social services, and socializing with LIFE staff and other participants.

LIFE care can also be provided in a participant's home and through contracted providers, depending on the individual plan of care.

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12. How can LIFE help family caregivers?

LIFE can reduce the burden on family and informal caregivers by providing coordinated services and a **single point of contact** for the participant's care.

The program can also provide respite and home-based services. Instead of caregivers having to independently arrange transportation, medical appointments, rehabilitation, personal care, medications, and social services, these needs can be coordinated through the LIFE team.

For families struggling to maintain a frail older adult safely at home, that coordinated infrastructure can be a significant benefit.

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13. How does LIFE differ from traditional fee-for-service care?

LIFE operates under a **capitated payment model**, meaning the LIFE designated community center receives a fixed per-member-per-month payment rather than being reimbursed based on the volume of individual services delivered.

This model is intended to shift incentives away from performing more procedures or visits and toward preventive care, coordination, keeping participants healthy, and avoiding unnecessary care.

LIFE therefore reflects many of the principles of value-based care: proactive treatment, prevention, interdisciplinary teamwork, coordination, and an emphasis on quality and outcomes.

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14. Is LIFE appropriate for every frail older adult?

No.

Not every frail senior will be an appropriate candidate. Some patients may require skilled nursing facility care. Patient preference and proximity to the LIFE service area are also important considerations.

LIFE is most relevant for patients who meet eligibility requirements, can safely remain in the community with LIFE support, and voluntarily choose to participate.

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15. What is the process for a patient to transition into LIFE

PACN will arrange patient and caregiver outreach. No paperwork or calls are required from your office.

The enrollment pathway often follows a similar sequence:

Referral (from patient, family, caregivers, care managers, etc.) → Assessment (by the regional LIFE center) → Eligibility Determination (by Pennsylvania Department of Human Services -DHS) → Enrollment (into community LIFE center) → Interdisciplinary Care Planning (by community LIFE center).

A patient or family discussion or exploration into LIFE does not automatically enroll the patient. It begins the process of determining whether the individual meets PACE eligibility requirements and whether the program is appropriate for the patient's needs and preferences.

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16. How can I discuss LIFE with a patient or family?

A simple way to introduce LIFE is:

"There is a program designed for people who need a high level of medical and daily living support but want to continue living in the community. It brings medical care, medications, therapy, transportation, home support, and other services together under one coordinated care team. I think it is worth having the LIFE program evaluate whether you might qualify and whether it would be a good fit for you."

The goal is to offer patients and caregivers an opportunity to learn about the program and make an informed, voluntary decision.

PCP Quick LIFE Patient Eligibility Considerations

You will receive a secure list of patients in your practice that should benefit from exploring LIFE opportunities and welcome your clinical insights as well as suggestions for other patients that:

- ☐ Are age 55 or older
- ☐ Have substantial medical, functional, cognitive, or long-term care needs
- ☐ May meet a nursing-home type level of care
- ☐ Want to remain living in the community
- ☐ Could remain safely in the community with additional support
- ☐ Would benefit from complex care coordination
- ☐ Have transportation, homecare, rehabilitation, medication, or social-service needs
- ☐ Have a caregiver experiencing significant burden
- ☐ Are willing to consider participation in an integrated LIFE care model

When in doubt, identifying patients for possible assessment can help us determine eligibility and appropriateness. PACN will arrange patient and caregiver outreach. No paperwork or calls are required from your office.

Key Takeaway

LIFE offers eligible, appropriate older adults a comprehensive alternative to fragmented care and, in many cases, institutionalization. Primary care physicians can support medically complex patients and their caregivers as they explore an integrated system designed to improve coordination, maintain independence, reduce avoidable utilization, with better quality of life.