

InnovAge Longterm Care Options

Your access to long term care services





Who we are

- InnovAge Longterm Care Options (ILTCO) is the Single Entry Point Agency for Adams, Arapahoe, Denver, Douglas and Elbert Counties.
- ILTCO is the SEP subcontractor for Health Care Policy and Financing, since October 2002.
- Our mission is to promote quality of life for individuals seeking care solutions through coordinated services.

What We Do

- ✿ **Our primary responsibility is to determine functional eligibility for Medicaid long term care services.**
- ✿ **Provide case management services for individuals on several different Medicaid Waiver programs.**
- ✿ **Our agency offers information and referral services, access to private pay and low cost resources.**

Single Point of Entry for Medicaid long term care services

- Home and Community Based Service -HCBS
- Program of All-inclusive Care for the Elderly –PACE
 - Home Care Allowance- HCA
 - Long Term Home Health-LTHH
 - Nursing Facility placement

Eligibility Requirements

To access any long term care programs through Medicaid, an applicant must meet both financial and functional guidelines.

Financial Guidelines

- ✿ A single applicant may not have more than \$2000 in resources, and a monthly income above \$2130.
- ✿ An applicant's age, marital and disability status will factor into eligibility determination.
- ✿ This and other criteria is determined by the department of social services in the county where the applicant resides.

Functional Guidelines

- ✿ An applicant must meet the Nursing Facility Level of Care guidelines on the ULTC-100.2.
- ✿ An applicant must be found to need moderate or greater assistance in several areas, including: bathing, dressing, toileting, mobility, transfers, eating and supervision due to unsafe behaviors or memory/cognition issues.

ULTC 100.2 – in use since May 2003

- ✿ Functional-based assessment tool.
- ✿ Assessment information is obtained through a face-to-face visit, observations, and collateral contacts.
- ✿ Medical information provided by a Physician is required for all LTC Medicaid Programs.

ULTC-100.2 (continued)

A person may also require assistance with other areas of daily living such as housekeeping, meal preparation, laundry and the need for Medicaid to assist with prescriptions. Although these needs will be considered in planning for a client's service needs, these factors alone are not considered in determining functional eligibility.

Community-Based Program Options

- ✿ HCBS services for the elderly, blind, disabled, brain injured, mentally ill, and persons living with AIDS.
- ✿ HCBS services for children with high medical needs.
- ✿ Adult Foster Care services for adults needing 24 hours supervision.
- ✿ CDASS for adults who are able to direct and supervise their own care services.
- ✿ Home Care Allowance for functionally-impaired children and older adults needing in-home support.
- ✿ PACE services for adults 55 years and older.

Eligibility Requirements

- Applicant must meet nursing facility level of care.
- Applicant must meet program-specific age requirements.
- Applicant must meet financial guidelines. A new Medicaid application may need to be submitted for medical assistance, even if currently receiving Medicaid services.
- If found financially and functionally eligible, a person is eligible for various services to assist them with their long term care needs.

Services through HCBS

- Case management services are provided.
- The case manager is responsible for determining the amount of services appropriate to meet the client's needs.
- The case manager is responsible to monitor the ongoing level and quality of services and adjust as necessary based on the client's needs.
- Services include: adult day care, non-medical transportation, personal care, relative personal care, homemaker, assisted living, respite care, home modification, medication monitor, electronic monitoring, IHSS and CDASS.

PACE- Program of All-inclusive Care for the Elderly

- ✿ All applicants must meet nursing facility level of care, be 55 years or older, live within specific zip codes, and be able to live in a community setting safely.
- ✿ Applicants may either be Medicaid eligible or private pay.
- ✿ InnovAge Greater Colorado PACE creates a program of services specific to client needs, including: Primary and Specialty Medical care, Social Work, Prescription drugs, Adult day, transportation, meal preparation, in-home support, physical and occupational therapies.
- ✿ InnovAge Greater Colorado PACE monitors ongoing level of services and adjusts as necessary.

PACE intake line 720-974-2411

Home Care Allowance

- ✿ This program provides cash payments to low income, functionally impaired, frail, elderly or disabled clients.
- ✿ Payments are used by the clients to purchase in-home services to assist them in remaining in their own homes.
- ✿ The client may choose who they would like to have as their Home Care Allowance provider (HCAP).
- ✿ The client or applicant must meet a minimum client functional capacity score to be eligible for this program.
- ✿ The score comes from an assessment of how they function with their ADL's and their IADL's

Long-term Home Health-LTHH

- ✿ Individuals 21 and older requiring Medicaid for skilled long-term care in their homes on an extended basis must also be determined functionally eligible by ILTCO.
- ✿ LTHH agency makes referral to ILTCO.
- ✿ ILTCO performs assessment and approves/denies home health services based on level of care or medical necessity.
- ✿ LTHH agency is responsible for ensuring client is Medicaid approved before providing services.

Nursing Facility

- ILTCO determines eligibility for entry into a Medicaid Nursing Facility, including admits from the community or hospital, change to Medicaid as pay source or transfer between facilities.
- ILTCO determines the length of stay authorization period.
- Physician medical information is required for any Medicaid nursing facility admit.
- Collateral information is gathered from staff, family, friends, medical chart or physician to determine eligibility.
- Individual facilities are responsible for ensuring resident meets financial eligibility guidelines and has applied for Medicaid.

Nursing Facility/ PASRR

- ✿ PASRR determination is required before any admission into a Nursing Facility.
- ✿ Federally mandated process to ensure individuals with mental illness and/or developmental disabilities do not get placed inappropriately in nursing facilities.

PASRR

- ✿ ILTCO completes the first part of process if Medicaid is involved. Hospital or Nursing Facility completes if pay source is Medicare, PACE or private pay only.
- ✿ If no concerns, client is approved for admission. If there are PASRR concerns, then further review is required and client information is forwarded to the entity who handles the review.

PASRR Review

- ✿ **MASSPRO:** state-contracted entity that follows up to ensure admitting facility has developed a proper care plan to address Mental Illness or Developmental Disability needs of client.
- ✿ Level II process may delay admission to facility.
- ✿ If a client is already in a nursing facility, they may not require a review if information is current. If a review is required, the local mental health center or the division for developmental disabilities can usually complete this task.

To make a referral or to access additional resource information

✿ Call the County in which the applicant resides if applying for HCBS, HCA, PACE or NF admission from community.

✿ Adams County: **720-974-2439**

✿ Denver County: **720-974-2397**

✿ Arapahoe, Douglas and Elbert Counties: **720-974-2379**

For Hospital Discharges, Pay Source Change, or transfer between facilities under Medicaid:

- ✿ Make referral by Fax: intake fax 720-974-0054, hospital or NF fax 720-974-2432
- ✿ Fax **must** include completed initial intake and screening form and the professional medical information page.
- ✿ A confirmation for receipt of referral will be sent to the referring entity. If not received in 24 hours, please follow up with ILTCO intake department at **720-974-0032**

Timelines:

- Hospital Discharge to Nursing Facility or community programs: 2 working days
- Pay Source Change or transfer between facilities under Medicaid: 5 working days
- Nursing Facility to community programs: 5 working days
- HCBS referrals: 10 working days after applicant has applied for Medicaid
- Nursing Facility admission from community, PACE: 10 working days

How to Apply for Medicaid

• Apply in the County Department of Human Services in which the applicant lives.

• Adams County: 303-287-8831

• Arapahoe County: 303-734-4320

• Denver County: 720-944-2460

• Douglas County: 303-688-4825

• Elbert County: 719-541-2369

Need more assistance?

✿ Call InnovAge Longterm Care Options for more assistance or guidance with long-term care planning: **720-974-0032**

✿ Website: www.ltcoptions.org

✿ More information: www.myinnovage.org