Transitioning from a Long-Term Care Facility to Your Community

What are Transition Services?
Transition Services help Health First Colorado members who qualify live effectively in their communities.

What is Transition Coordination?
Transition Coordination is a transition service for people who want to move out of a long-term care facility. Transition Coordination helps you move successfully and safely into your community. It can also help you find housing if you need it.

Who Qualifies?
Health First Colorado members 18 or older living in long-term care facilities who want to move into the community.

What Transition Services are available?
- Transition Coordination: Help before, during, and after your transition from a long-term care facility.
- Life Skills Training: Training to help you meet your physical, emotional, social and economic needs.
- Home Delivered Meals: Nutrition counseling; meal planning, preparation and delivery.
- Peer Mentorship: Support from your peers to help you during your transition to the community.
- Transition Setup: Help with one-time expenses to get you set up in your new household when you transition to a community living arrangement that is not operated by the state.

Services are available for a limited time during your transition to help you get started and will differ based on which waivers you are eligible for. Additional ongoing services may be available depending on your waiver program benefits.

How is someone referred to the Transition Coordination?
- If you want to move from a long-term care facility to the community, talk to someone who works at your long-term care facility. Long-term care facilities are required to make an options counseling referral for you if you tell them you are interested in moving into your community.

- You can also talk to:
  - Family members
  - Friends
  - Community members
  - Your health care providers
How does the referral process work?

- After you let your facility know you are interested in moving to the community, they will make a referral to the Local Contact Agency (ADRC). Family members, friends, community members, health care providers, and you can reach out to an ADRC to make a referral.

- An options counselor from an ADRC will contact you within 10 business days of the referral.

- You will work with your options counselor to discuss availability of appropriate services in your community and learn more about your community living options.

What happens after Transition Coordination referral?

If you decide to begin your transition process, you will choose a local Transition Coordination Agency. The agency will connect you with a Transition Coordinator to help you begin and find housing, if you need it.

Who is involved in the transition process?

You will be involved, and you will decide who else is involved. The people you pick will be your Transition Options Team. Often members choose to include:

- Transition Coordinator from your chosen Transition Coordination Agency
- Home and Community-Based Services Case Manager
- Long-Term Care Facility Staff
- Family, Friends, and Community Members

What happens after the transition?

- Based on the plan you develop with your team, you will have access to transition setup, home delivered meals, peer mentorship, and life skills training. You will also have access to your other Health First Colorado benefits.
  - Transition services are available for a limited time to help you get started in the community.
  - Services will differ based on your waiver.
  - Additional services may be available depending on your waiver program benefits.
- Your Transition Coordinator will encourage you to express your personal preferences, represent yourself, understand your individual rights, and make increasingly independent choices.

  - For more information, visit our web page www.colorado.gov/hcpf/transition-services

Contact Information

Katy Barnett

katy.barnett@state.co.us

303-866-3035 State Relay: 711