



Long-Term Care Program Guide

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Introduction

While the Long-Term Care Program Guide does not provide all the information needed to process cases, it does provide an easy-to-read overview that will help the new worker gain basic knowledge about the High-Level Program Group (HLPG) and provide on-going workers with key references. The benefits of the guide are:

- Engages the user via several learning styles
- Encourages independent learning
- Creates opportunities for one-to-one collaboration with a supervisor
- Promotes understanding of key Federal and State programs
- Prepares workers for the next level of training
- Provides a review for ongoing workers

Instructions for using this guide:

This guide provides introductory information about the Long-Term Care High-Level Program Group. Although the guide may be printed or viewed online, we suggest that you view the guide online, so you can easily access the links to websites. To access the websites, hold the CTRL key down while clicking on the link. If you do not view the guide online, you will need to type each link into your Internet browser.

The Long-Term Care Program Guide provides basic and easy to understand information that will help you gain an understanding of the HLPG and better prepare you when you take advanced courses. Additionally, current workers will benefit from the information as it will reinforce ongoing training.

Disclaimer

The information in this guide is accurate as of the release date. Consult rule, Policy, and attend ongoing training courses for more complete understanding of each High-Level Program and their sub programs. Go to [Training.Colorado.Gov](https://www.colorado.gov/hcpf/long-term-services-and-supports-training) to view the Staff Development Division's training calendar to enroll in courses.

Long-Term Care (LTC)

Long-Term Care covers a series of programs that provide services to those who need ongoing assistance with daily living activities. These programs expand eligibility criteria for populations and include all coverages of traditional Medicaid.

Services can be provided:

- In the home
- In the community
- In assisted living
- In a nursing facility

LTC Eligibility Requirements

Website Information

<https://www.colorado.gov/hcpf/long-term-services-and-supports-training>

General Requirements

Customers must meet the general eligibility requirements for Medicaid:

- Citizenship
- Residency
- Identity

Financial Requirements

Only the individual gross income of the person applying for benefits is looked at. Jointly owned income will be divided in proportion to the individual's stake.

If the Income Limit is 300% of SSI, customers can defer their additional income to an Income Trust to become eligible if they are over the 300%.

Disability Requirement

All customers applying for LTC must meet the definition of disability set by the Social Security Administration (SSA).

Disability can be established by one of the following ways:

- Age 65 or older
- Disability established by Social Security Administration (SSA)
- Disability established by our State Contractor (Arbor E&T)

Resources

Resource Limits:

- Individual \$2,000
- Couple both receiving LTC \$3,000
- Married in the same room of a Nursing Facility \$4,000
- Community Spousal Resource Allowance (CSRA) is updated annually (refer to current year's Operational Memo). All assets must be transferred at the first Renewal/RRR to the Community Spouse.

Confirmation that any previous assets owned were not given away in order to become eligible for assistance.

Processing Guidelines

- 45 calendar days from the date of the application.
- 90 calendar days if there is a disability application.
- Eligibility begins on the date the applicant meets all three eligibility criteria (Financial, Disability, and Level of Care).

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (Ombudsman Program) provides assistance to residents of licensed long-term care facilities in protecting their health, safety, welfare, and rights.

Website Information

<https://cdhs.colorado.gov/about-cdhs/performance-outcomes-and-reviews/ombudsman-offices/long-term-care-ombudsman>

- Each Ombudsman Program throughout the state is required to visit each nursing home in their area at least one time per month. Assisted living residences in their area must be visited at least one time each quarter. Licensed facilities are required to allow Ombudsmen to enter the facility and visit with residents, without interference from facility staff. Routine visits involve a general overview of the facility to ensure that common areas are clean, required notices are posted, and meals and activities are being provided as posted, among other things. The routine visits involve meeting with individual residents to ensure that their care needs are being met.
- The Ombudsman Program receives complaints from residents, family members, and others and, with the resident's consent, investigates the complaints. Complaints are typically received by telephone or may arise during a routine visit. The role of the Ombudsman is to act as an advocate for the resident and assist the resident in resolving issues related to care, health, safety, or the resident's rights. Complaints range from simple quality of care issues, such as a resident's preferred time for breakfast, to very serious, sometimes life-threatening, concerns involving abuse and neglect. When necessary, the Ombudsman will work cooperatively with other agencies such as the Colorado Department of Public Health and Environment, which licenses long-term care facilities, local law enforcement, and Adult Protective Services to resolve concerns identified during a complaint investigation.
- Local Ombudsmen can provide assistance in locating a facility that best meets the needs of the prospective resident.
- The Ombudsman is able to provide guidance to residents, family members, or friends who would like to resolve an issue without Ombudsman intervention.
- Other services include attending family and resident council meetings at a licensed facility, providing community education, providing training to facility staff and other professional agencies that work with at-risk adults and residents of long-term care facilities.

PACE

Program of All-Inclusive Care for the Elderly (PACE) is a Medicare and Colorado Medicaid managed care program that provides health care and support services. The goal of PACE is to help frail individuals live in their communities by providing services based upon their needs.

PACE Eligibility

Program Eligibility

- Age 55+
- Meet nursing facility level of care
- Live in the area of a PACE organization
 - Adams, Arapahoe, Boulder, Broomfield, Denver, Jefferson, El Paso, Pueblo, Montrose, Delta and Weld counties
- Able to live in a community setting without jeopardizing health or safety

PACE Services

- Rehabilitative Therapies - Physical, Occupational and Speech
- Adult Day Health Center Services
- Transportation to and from Day Center and Medical Appointments
- Home Care Services
- Respite Care and Caregiver Education
- Inpatient and Outpatient Hospital and Emergency Services
- Mental Health Services
- Meals and Nutritional Services in the Day Center
- Durable Medical Equipment and Supplies

Website Information

<http://www.colorado.gov/hcpf/program-all-inclusive-care-elderly>

HCBS Waiver

Home and Community Based Services (HCBS) waiver is an optional program created by the State Legislature and approved by the Federal Government (Centers for Medicare & Medicaid Services). It allows the state to “waive” certain eligibility requirements for targeted populations and provide additional services in order to provide an alternative to institutionalization. Case Management Agencies (CMAs) determine a members’ level of care eligibility, manage waiver enrollments (some waivers are waitlisted), provide specific coverage details, and provide ongoing support to the

member.

Website Information

<https://www.colorado.gov/hcpf/long-term-services-and-supports-programs>

Nursing Facility

Nursing Facility is a facility which is maintained primarily for the care and treatment of inpatients under the direction of a physician. The patients in such a facility require supportive, therapeutic, or compensating services and the availability of a licensed nurse for observation or treatment on a twenty-four-hour basis.

Website Information

<https://www.colorado.gov/hcpf/long-term-services-and-supports-programs>

5615 Form

The 5615 form is used by Nursing Facilities to submit a bill to Medicaid. As the eligibility worker, you must document and authorize eligibility dates and patient payments which involves calculating and documenting allowable deductions such as the MIA and a few others unique to NF cases. This form is the main piece of communication between a facility and the Eligibility Site.

Form Details

- Section I is filled out by whoever initiates the form.
 - Nursing Facilities need to have the State ID number.
- Section II is completed by the Nursing Facility.
- Section III is the most important part of the form and is completed by the Eligibility Site.
 - It sets the patient payment and Medicaid bill.
 - All income and deductions must be verified and documented.
- Section IV is completed by the facility.
- Sections V and VI need to be completed by the Eligibility Site

Website Information

For more information regarding the 5615 Form:

- <https://training.colorado.gov> OR
- <https://hcpf.colorado.gov/training-topics-reference-documents-and-guides>

Feedback

Your input is valuable to the continued improvement of all SDD developed content. Please submit all comments and feedback regarding the LTC Guide to the Staff Development Division's inbox:

SOC_StaffDevelopment@state.co.us.