

Medicaid Transition Services and Options Counseling

THE OLMSTEAD ACT

The Olmstead Act of 1999 upheld the integration mandate of the Americans with Disabilities Act, making it illegal to isolate and segregate individuals with disabilities from the community.

Source: Disability Law Colorado



THE OLMSTEAD ACT (cont.)

- The act requires that governmental entities provide “services and supports” to individuals with disabilities in the most integrated setting if:
 - The individual can benefit from community placement.
 - The individual does not oppose the transfer.
 - Community placement would not cause the state to fundamentally alter its programs and services.

Source: Disability Law Colorado

Q: WHAT IS OPTIONS COUNSELING?

- A: A person-centered approach to **helping individuals gain:**
 - **An understanding** of the benefits and limitations of long-term care services and support options.
 - **The knowledge** to access resources.
- A: Empowering individuals to **make choices** that reflect their unique **needs, values** and **circumstances**.
- A: The first step in enrolling in **Targeted Case Management-Transition Coordination (TCM-TC)** and being referred to a **transition coordination agency**.

Q: WHO IS ELIGIBLE?

- **A: Individuals 18 and older who are eligible for Long-Term Care Medicaid and who live in:**
 - Skilled nursing facilities.
 - Intermediate care facilities
 - Regional centers.





Targeted Case Management – Transition Coordination (TCM-TC)

Q: WHAT IS TCM-TC?

A: Transition coordination services include safely moving a Medicaid member out of a long-term care facility and establishing a **community-based residence** (such as an apartment, group home or assisted living residence).

- During the process, transition coordination agency staff facilitate completion of a community needs evaluation to identify the services and supports the member needs to safely return to the community.
- Services are then provided by a transition coordination agency.
- DRCOG's Area Agency on Aging is not a transition coordination agency.

Q: WHAT IS TCM-TC? (cont.)

A: Individuals can also access expanded **Home and Community-Based Services benefits**, if they are eligible for HCBS waivers once they return to the community. Benefits include:

- Life skills training: training to help meet an individual's physical, emotional, social and economic needs.
- Home-delivered meals: meal planning, preparation and delivery and nutrition counseling.
- Peer mentorship: support from peers to help the individual during their transition.

ROLE OF THE TRANSITION COORDINATOR

- Be individual's **advocate** throughout the transition process.
- Facilitates a risk assessment with the resident and **transition options team**.
- Assist in **finding housing**, if needed.
- Complete activities to help an individual **establish a home** in the community, such as:
 - Acquiring **food assistance**.
 - Acquiring **energy assistance**.
 - Identifying **community integration activities**.

ROLE OF THE TRANSITION COORDINATOR (cont.)

- Coordinate an individual's **long-term care facility discharge** with members of the transition options team.
- Assist in completing all **required paperwork**.
- Support an individual's **safety** and **well-being**.
- Help an individual **advocate for themselves** once they are in the community.
- Provide **check-ins** with an individual based on their needs.



Making a Referral

Q: HOW CAN I MAKE A REFERRAL?

A: Phone: 303-480-6838

A: Secure fax: 303-480-6827

A: Colorado Department of Health Care Policy and Financing [online referral form](#).

A: Secure, encrypted [email](mailto:transitionsteam@drcog.org) to transitionsteam@drcog.org.



Q: WHAT IF I HAVE QUESTIONS OR WANT MORE INFO?

A: Call DRCOG's Area Agency on Aging **options counseling team** at 303-480-6838.

A: Visit the Colorado Department of Health Care Policy and Financing transition services page:

<https://hcpf.colorado.gov/transition-services>

A: Contact: Community Options, Program Manager:
Lauren Bell, 303-480-6762, lbell@drcog.org

THANK YOU!

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