

What are long-term services and supports, and could they be right for you?



Long-term services and supports (LTSS) are a variety of health and social services that offer care for seniors and people with disabilities who need support for physical, mental, growing or long-lasting health conditions that limit their abilities to care for themselves. LTSS can be provided in a person's home, in another community-based setting, or in a facility. LTSS can provide assistance with activities of daily living such as eating, bathing, grooming, dressing, walking, toileting, getting up/down from a chair or the bed, and preparing meals.

LTSS can be accessed through District of Columbia government agencies and non-profit organizations that will help identify services available, plan a person's care, and offer information about and recommendations for LTSS. The information will allow people with disabilities, seniors and their families to make choices about the LTSS they need to live with dignity in their homes and be fully included in their communities for as long as possible.



The District government agencies you may talk to about LTSS include the Department of Health Care Finance (<https://dhcf.dc.gov/>), the Department on Disability Services (<https://dds.dc.gov/>), the Department of Behavioral Health (<https://dbh.dc.gov/>), the Department of Human Services (<https://dhs.dc.gov/>), and the DC Office on Aging (<https://dcoa.dc.gov/>). Some nonprofit organizations also work with the District government to help provide access to LTSS. Through these organizations, eligible District residents have access to the following LTSS:

- Adult Day Health Programs
- Care Management
- Support for Caregivers
- Congregate (Group) Meals
- Home-delivered Meals
- Services for Hearing Impaired Persons
- Employment Services
- In-Home Supports
- Hospital Discharge Planning
- LTSS Enrollment Assistance
- Options Counseling for LTSS Planning
- Memory Care (for Alzheimer's and dementia)
- Nursing Home Transition Services
- Nutrition Programs, Counseling and Education
- Public Benefits Application Assistance
- Senior Wellness Center Services
- Transportation
- Veterans Support Resources

Some LTSS have eligibility criteria a person must meet in order to access services, which may include both financial criteria and non-financial criteria. Financial eligibility criteria are based on a person's income and assets. The non-financial eligibility criteria include demographic information such as age and disability, citizenship and residency status, and level of care eligibility. The level of care eligibility is determined through a comprehensive health assessment, which is completed by a registered nurse acting on behalf of the District and which calculates a unique level of care score reflecting an individual's need for LTSS. Individuals seeking services with level of care criteria *must* participate in this comprehensive assessment process, though not all LTSS require level of care assessments.



If you think LTSS may be the right kind of support for you or a loved one, get started by contact the Aging and Disability Resource Center (ADRC) at the DC Office on Aging:

- By phone: 202-724-5626
- Via email: Ask.ADRC@dc.gov
- On the web: www.dcoa.dc.gov

What you can expect from the comprehensive assessment process



What is the InterRAI assessment? The InterRAI is a standard form or questionnaire used to assess information about a person's health care and support needs. Completing this assessment involves an in-person visit with a licensed clinician who will learn about your health needs, goals, and preferences. This process is at no cost to you, and helps identify the long-term services and supports (LTSS) for which you might be eligible. It usually occurs within 5 days of your request for LTSS or an assessment.

Who should have an assessment? People of any age who have disabilities or chronic care needs can request an assessment. At the time of assessment, you do not need to be enrolled in Medicaid; however, many LTSS available in the District are offered through Medicaid, and eligibility for and enrollment in Medicaid may be necessary to access those supports.

How will the assessment help me? The assessment process may help you better understand your needs and how to get services to meet those needs. Such services can help you to stay at home or move home from a hospital or nursing home. If you qualify for publicly funded LTSS, it will help you identify those services and enroll in them. If you don't qualify for certain programs, it can help identify alternative services.

Who may attend my assessment? What will the assessor ask me? Your family members, your legal representative or other significant people in your life can attend the assessment and help you provide information. Questions the assessor will ask may include:

- How you manage your day-to-day needs, such as dressing, eating, bathing and getting around
- Health care services you use on a regular basis or have used recently
- Health concerns or challenges that affect your ability to live as you choose
- Where and how you want to live, work and participate in your community

You can also prepare for the assessment by collecting a list of your medications or medication bottles, records of health services, or other information that might contribute to a complete health history.

What happens after the assessment? When will I know the results? After the assessment, you will be notified of the unique score assigned based on the information gathered during your visit. You will receive written information that includes:

- Your total assessment score and component scores
- Eligibility thresholds for LTSS that require this functional assessment, so that you can identify those for which you qualify based on the assessment
- Information about LTSS available and how they can help meet your needs

If you qualify for the District's Medicaid waiver program and choose to enroll, a referral will be made on your behalf and a case management agency will contact you to assist in LTSS planning and enrollment.

What rights do I have? You have the right to request an interpreter for your assessment and to protect the privacy of your health information. You can also appeal assessment results if you disagree with them.

If you want to request an assessment for LTSS, get started by contact the Aging and Disability Resource Center (ADRC) at the DC Office on Aging:

- By phone: 202-724-5626
- Via email: Ask.ADRC@dc.gov
- On the web: www.dcoa.dc.gov



After your assessment, what's next?

After you have an assessment and receive your results, you can weigh your potential long-term service and support (LTSS) options and determine which are the right supports to meet your health care needs, goals, and preferences. For some LTSS, your assessment score must be equal to or greater than a numeric eligibility threshold for you to meet the functional eligibility for the services. In addition, if you are not currently enrolled in Medicaid, you may need to work with a case manager or District government staff to confirm you meet other eligibility criteria for specific LTSS.



Look at the assessment score in the letter you received from the nurse who completed your assessment.

If your total assessment score listed is **9 or higher**, you meet the functional eligibility criteria for the following services:

- *Nursing facility services.* Nursing facilities provide skilled nursing or medical care, rehabilitation care required after injury, disability, or illness, and long-term care needed regularly to care for a mental or physical condition.
- *Elderly and Persons with Physical Disabilities Waiver (EPD waiver) services.* The EPD waiver provides an array of LTSS to help qualified older adults and persons with disabilities live in their own home or community, which include case management, personal care aide services, adult day health programs, personal emergency response system (PERS), respite care, assisted living, and environmental accessibility adaptations.
- *Personal care aide (PCA) services outside the EPD waiver.* PCA services are also available to individuals who are not enrolled in the EPD waiver. Such services can provide cueing and hands-on assistance with activities of daily living like bathing, moving around, eating, or using the bathroom.
- *Adult day health program (ADHP) services outside the EPD waiver.* ADHP services provide non-residential medical supports and supervised therapeutic activities in a community-based, group setting. Individuals may access ADHP services whether or not they are enrolled in the waiver provided they meet functional eligibility thresholds.

If your total assessment score is **between 4 and 8**, you may meet the functional eligibility criteria for the following services:

- *Personal care aide (PCA) services outside the EPD waiver.* PCA services are also available to individuals who are not eligible for the EPD waiver provided they meet the criteria to enroll in Medicaid and their functional assessment score is 4 or higher without medication management; medication management is not a service included with PCA services. PCA services can provide cueing and hands-on assistance with activities like bathing, moving around, eating, or using the bathroom.
- *Adult day health program (ADHP) services outside the EPD waiver.* ADHP services are also available to individuals who are not eligible for the EPD waiver provided they meet the criteria to enroll in Medicaid and have a total assessment score of 4 or higher. ADHP services provide non-residential medical supports and supervised therapeutic activities in a community-based, group setting.



If your total assessment score is **between 0 and 3**, or if your functional assessment score without medication management is between 0 and 3, you are not eligible for the services above through the Medicaid program. However, you may still be eligible for other LTSS, including skilled nursing care at home, caregiver supports, congregate and home-delivered meals, services for the hearing impaired, employment services, behavioral health supports, nutrition and wellness programs, transportation benefits, or veterans support resources. For additional help in weighing your options, **contact the Aging and Disability Resource Center (ADRC) at 202-724-5626 or via email at Ask.ADRC@dc.gov.**