AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

Acute Care Hospital Long Term Services Referral Guide: When to refer to HCS

NOTE: guide for hospital staff to determine actions to take prior and when referring to Home and Community Services (HCS) Division for Long-term care services is appropriate for transition planning.

1. DISCHARGE PLAN

Is the client's discharge plan for SNF, LTAC, IPR or another Medical facility for rehabilitation or skilled level of care?

If **YES** –do not send a referral If **NO**—go to step 2

2. DECISION MAKER

Is the client their own decision maker?

If **YES**—go to step 3 If **NO**—Stop and review 2(a) through 2(d).

2(a)**.** Does the client have a DPOA/guardian, or can the client tell HCS if they have an alternative decision maker?

2(b). Is the Guardianship process started? If **YES**—go to 2(d). If **NO**—Stop and consult your legal counsel.

2(c). Is client eligible for the guardianship pilot criteria? If **YES**—refer client. If **NO**—Stop consult your legal counsel.

2(d). Is the court date within 14 days? If **YES**—send the referral. If **NO**—do not send the referral.

3. CLIENT CHOICE

Has the hospital social worker discussed Medicaid LTC with client/decision maker, and are the client/decision maker agreeable to Medicaid long-term care services?

If **YES**—to step 4 If **NO**—ask the client before you send the referral

4. CLIENT STABILITY

Is the client medically and psychiatrically stable for community-based level of care and near ready for discharge?

If **YES**—go to step 5 If **NO**—do not send the referral

5. APPLICATION FOR MEDICAID

Has the client or hospital filled out a Medicaid LTC application and submitted it?

If **YES**—go to step 6 If **NO**—do not send the referral. Please assist the client with filling out a LTC application

6. LOCATION FOR ASSESSMENT

Is the client going to discharge without HCS LTC services in place?

If **YES**—Please make a note on the referral form 10-570 where the client will be for assessment, that "client discharged to and would like Medicaid LTC services" so that the referral is assigned correctly.

If **NO**—the hospital will be location of the assessment, make the referral.

7. BRIEF SUMMARY

If you have gotten to this point

- Hospital Social Worker has had a conversation with the client, and they expressed that they would like Medicaid LTC services.
- The client is not on any kind of restraints in the last 72 hours or 3 days.
- The client is their own decision maker; if not, client is able to authorize an alternative decision maker or has a DPOA and /or the Guardianship Court date is within 14 days.
- The client is medically or psychiatrically stable and near ready for discharge.
- The client's discharge plan is in-home caregiver services or residential services.
- The client has completed Medicaid LTC application and it has been submitted.

YOU ARE NOW READY TO SEND THE REFERRAL TO HCS – if these steps are followed HCS will be able to assess the client timely and begin transition planning.