Louisiana Department of Health and Hospitals /
Office of Aging and Adult Services

# PACE

## Program for All-Inclusive Care for the Elderly

**What is the purpose of PACE?**

Program for All-Inclusive Care for the Elderly (PACE) coordinates and provide all needed preventive, primary, acute and long term care services so that older individuals can continue living in the community. The emphasis is on enabling you to remain in your community while enhancing your quality of life.

**How does the PACE program work?**

- As a PACE enrollee, you will be transported to and from the PACE center from your residence to receive needed services.
- PACE providers are responsible for providing all services which are currently available through Medicare and Medicaid insurances.
- Once you voluntarily enroll in PACE, Medicare and/or Medicaid will no longer pay any other provider for services. All your care will be provided or coordinated by the PACE Program .

## What are some of the services provided by PACE?

- Primary Care
- Personal Care/Supportive Services
- Nutritional Counseling
- Transportation
- Medical Specialty Services Procedures
- Prescriptions and Biological
- Nursing Facility Care
- Acute Inpatient Care
- Prosthetics, orthotics, DME, Corrective Vision, Assistive Devices, Hearing Aids, Dentures (Repair and Maintenance of these items are also covered.)
- Social Work
- Restorative Therapies
- Recreational Therapy
- Meals
- Lab Tests, x-rays, diagnostic
- Other services determined necessary to improve or maintain your overall health status

## How is PACE paid?

Both Medicare and Medicaid reimburse PACE a payment based on what would have been paid under the fee-for-service system.

- Once you are enrolled in PACE, Medicare and/or Medicaid will no longer pay any other provider for services. All your care will be provided or coordinated by the PACE Program .The PACE provider is at full risk; this means your PACE provider is responsible for all care costs, even if it exceeds the monthly capitated payment they receive each month.

## Am I eligible for PACE?

- You must be 55 years of age or older
- Live in a PACE provider service area
- You must be certified by the State to need nursing home care.
- Meet the requirements for Medicaid eligibility,
- Individual income of no more than $2,022 per month ,total resources must be less than $2,000. The income limits are different when an individual is married and this can change.

## Can I change my mind if I no longer want to be in the PACE program?

- Yes, you can disenroll from PACE and return to your regular benefits in Medicare and Medicaid at any time.

## Where are the current PACE programs in Louisiana?

- PACE Greater New Orleans, sponsored by Catholic Charities, can be reached at 504-945-1531.

- PACE Baton Rouge, sponsored by the Franciscan Ministries of Our Lady Health System (FMOLHS), can be contacted at 225-765-7724.

**For more information on PACE, please call the PACE Greater New Orleans at 504-945-1531 or PACE Baton Rouge at 225-765-7724.**

Louisiana Department Health and Hospitals/
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# ADHC
# Adult Day Health Care Waiver

## What is the Adult Day Health Care (ADHC) Waiver Program?

The ADHC waiver program provides certain services for five (5) or more hours per day in a licensed and Medicaid enrolled facility to people who qualify.

## What other services may I receive from this program?

- Support Coordination (formerly known as case management)
- Transition Intensive Support Coordination (for people going from nursing facilities to the community)
- Transitional Services (for people going from nursing facilities to the community)

## Services provided at the ADHC Facility Include the following:

- Assistance with Activities of Daily Living (toileting, grooming, etc.)
- Health and Nutrition Counseling
- Health Education Classes
- A Hot Meal and Two (2) Snacks
- Social Services
- Transportation
- Some Health and Nursing Services
- Exercise Programs

## Who can qualify for services?

People who:

- Meet Medicaid financial eligibility **AND**
- Are 65 years old or older **OR**
- Are 22 years old or older with a disability that meets the Social Security Administration definition of disability

- Meet Nursing Facility Level of Care **AND**
- Meet **ONE** of the following:
- Be in a nursing facility and be able to be discharged if community-based services were available; **OR**
- Be likely to require nursing facility admission within the next 120 days; **OR**
- Have a primary care-giver who has a disability or who is at least 70 years old.

**What are the 2010 income limits?**

The income limits are $2,022 for an individual and $4,044 for a couple (when both spouses need long-term care.)

**What are the 2010 resource limits?**

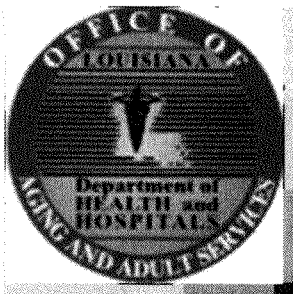
Resources are the things people own. When we count resources for this program, we do not count the person's home, the car they drive to medical appointments, or other basic resources.

- Single people can have no more than $2,000 in resources. Couples can have no more than $3,000 in resources when both spouses need long-term care.
- Married couples can have up to $109,560 in resources, as long as one spouse at home **does not get** long-term care services.

**How can people request Adult Day Health Care Waiver Services?**

The Department keeps an Adult Day Health Care Request for Services Registry (formerly known as the "waiting list") of people who have asked for these services, along with the date of the request. Based on the date of first request for services, the Department first offers ADHC Waiver opportunities to people from the ADHC Request for Services Registry who are in nursing facilities but can return to their homes if they get services and/or people who might go into nursing facilities in the next 120 days unless they get services.

**To add your name to the ADHC Request for Services Registry or if you have questions, call the Louisiana Options in Long Term Care Help Line at 1-877-456-1146 (TDD: 1-877-544-9544), Monday-Friday 8 a.m.—5 p.m. The call is free!**




Louisiana Department Health and Hospitals/
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# Elderly and Disabled Adult (EDA) Waiver

## What is the Elderly and Disabled Adult Waiver Program?

The Elderly and Disabled Adult (EDA) Waiver Program provides certain services in the home or community to elderly or disabled adults who qualify.

## If I qualify, what services may I receive from this program?

- Support Coordination (formerly known as case management)
- Transition Intensive Support Coordination (for people going from nursing facilities to the community)
- Transition Services (for people going from nursing facilities to the community)
- Companion Service (supervision or assistance with in-home and/or community activities/ tasks that allow an individual to reside in his/her home; may be provided by one worker for up to 3 waiver participants who live together and who have a common direct service provider)
- Environmental Accessibility Adaptations (home modifications)
- Personal Emergency Response System
- Adult Day Health Care Service (Health/Medical and Social Services provided for 5 or more hours on a regularly scheduled basis for one or more days per week in a community-based center)

## Who can qualify for services?

People who:

- Meet Medicaid financial eligibility **AND**
- Are 65 years old or older **OR**
- Are 21 years old or older with a disability that meets the Social Security Administration definition of disability
- Meet Nursing Facility Level of Care **AND**

- Meet **ONE** of the following:
- Be in a nursing facility and be able to be discharged if community-based services were available; **OR**
- Be likely to require nursing facility admission within the next 120 days; **OR**
- Have a primary care-giver who has a disability or who is at least 70 years old.

**What are the 2010 income limits?**

The income limits are $2, 022 for an individual and $4,044 for a couple (when both spouses need long-term care.)

**What are the 2010 resource limits?**

Resources are the things people own. When we count resources for this program, we do not count the person's home, the car they drive to medical appointments, or other basic resources.

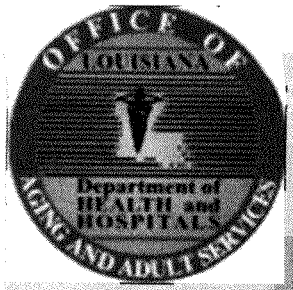
- Single people can have no more than $2,000 in resources. Couples can have no more than $3,000 in resources when both spouses need long-term care.
- Married couples can have up to $109,560 in resources, as long as one spouse at home **does not get** long-term care services.

**How can people request Elderly and Disabled Adult Waiver Services?**

The Department keeps an Elderly and Disabled Adult (EDA) Waiver Request for Services Registry (RFSR) (formerly known as the "waiting list") of people who have asked for these services, along with the date of the request. Individuals are offered the EDA Waiver according to the needs-based priority groups. The following groups shall have priority for EDA Waiver opportunities, in the order listed: (1) individuals with substantiated cases of abuse or neglect with Adult Protective Services (APS) or Elderly Protective Services (EPS) who, absent EDA Waiver services, would require institutional placement to prevent further abuse and neglect; (2) individuals presently residing in nursing facilities; and (3) individuals who are not presently receiving home-and-community based services (HCBS) under another approved state program, including, but not limited to, the Adult Day Health Care (ADHC) Waiver, New Opportunities Waiver (NOW), Community Supports Waiver, Program of All-Inclusive Care for the Elderly (PACE), and Long Term-Personal Care Services (LT-PCS); and (4) all other eligible individuals on the RFSR, by date of first request for services. Solely for purposes of priority category (3) above, state-funded OCDD services shall not be considered another HCBS program.

For the 150 EDA slots reserved for persons diagnosed with Amyotrophic Lateral Sclerosis (ALS), qualifying individuals are offered by date of first request of services.

**To add your name to the EDA Request for Services Registry or if you have questions, call the Louisiana Options in Long Term Care Help Line at 1-877-456-1146 (TDD: 1-877-544-9544), Monday-Friday 8 a.m.—5 p.m. The call is free!**




Louisiana Department of Health and Hospitals/
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# HIV/AIDS Targeted Support Coordination

## What is HIV/AIDS Targeted Support Coordination?

Support Coordination Services for the HIV/AIDS population assist eligible individuals with assessing, locating and once in place, monitoring both Medicaid and non-Medicaid services needed to maintain the individual's overall health and well-being. The Department of Health and Hospitals (DHH), Office of Aging and Adult Services (OAAS) is responsible for oversight of HIV/AIDS Medicaid Support Coordination. The Office of Public Health (OPH) is the lead programmatic agency for this service.

## Who qualifies for services?

- Persons must be Medicaid eligible and have written verification of HIV infection by a licensed physician or the required laboratory test results.
- The adult recipient must have reached a level 70 on the Karnofsky scale at some time during the course of the HIV infection.
- Pediatric recipients must display symptoms of illness related to HIV infection as documented by a licensed physician.
- Individuals ages birth through adulthood

## Information on how to access services?

HIV/AIDS Support Coordination providers must be licensed and certified my the Louisiana Department of Health and Hospitals (DHH), Health Standards Section (HSS), for participants as a Medicaid provider of this service. For additional information regarding licensure and certification, please contact the HSS by calling (225) 342-0138.

**All new requests for HIV/AIDS Support Coordination Services should be directed to the Louisiana Office of Public Health at (504) 568-7474.**

Louisiana Department of Health and Hospitals / Office of Aging and Adult Services

# LT-PCS

## Long Term Personal Care Services Program

## What are Long Term-Personal Care Services?

Long Term-Personal Care Services Program provides help with activities of daily living for persons who qualify for assistance under the program guidelines. Examples of assistance include:

| Help with: | Other Services: |
|---|---|
| • Eating<br>• Bathing<br>• Dressing<br>• Grooming<br>• Transferring<br>• Walking<br>• Toileting | • Light Housekeeping<br>• Preparing and storing meals<br>• Grocery Shopping<br>• Laundry<br>• Reminders about Medicines<br>• Help with Medical Appointments<br>• Help finding transportation for medical appointments |

| This kind of help is not covered: | These services are not covered: |
|---|---|
| • Specialized or skilled nursing.<br>• Giving medicine<br>• Rehabilitative services<br>• Specialized aide services<br>• Help that is already being given by family or others in the community or through another assistance program | • Cleaning areas of the home that the applicant does not stay in<br>• Food preparation or laundry for anyone other than the applicant<br>• Companionship<br>• Sitter services<br>• Supervision not related to activities of daily living |

## Who qualifies for Long Term-Personal Care Services? (LT-PCS)

People who receive Medicaid benefits **AND**

- Are 65 years old or older, **OR**
- Are 21 years old or older with a disability that meets the Social Security Administration definition of disability

## Additional requirements include:

- Meet Nursing Facility Level of Care, **AND**
- Require at least limited assistance with one Activity of Daily Living, **AND**
- Be able to direct their care independently or through a responsible representative, **AND**

**Meet ONE of the following:**

- Be in a nursing facility and be able to be discharged if community-based services were available; **OR**
- Be likely to require nursing facility admission within the next 120 days; **OR**
- Have a primary care-giver who has a disability or who is at least 70 years old.

**If you receive Medicaid and want to find out more about Long-Term-Personal Care Services, call the Louisiana Options in Long Term Care Help Line at 1-877-456-1146 (TDD 1-877-544-9544). You can call Monday thru Friday between the hours of 8:00 AM and 5:00 PM.**

**The call is free.**

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# Nursing Facility Services

## What is a Nursing Facility?

A nursing facility provides 24 hour care for rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living (ADL's); such as bathing dressing, transferring, toileting and eating.

## Who qualifies medically for Long Term Care Facility Services?

Persons qualify who:

- Meet the level of care criteria for admission to a nursing facility, **AND**
- Have an order from a physician licensed in Louisiana for admission into a nursing facility, **AND**
- Are screened prior to admission for a history or active treatment of mental illness and/or mental retardation/developmental disabilities according to federal regulations.

## Services provided in Nursing Facilities Include:

| Extensive Help with: | Other Services: |
|---|---|
| • Eating<br>• Bathing<br>• Dressing<br>• Grooming<br>• Transferring<br>• Walking<br>• Toileting | • Residential Care-24 hour nursing care<br>• Rehabilitative issues<br>• Specialized Services as determined through Level II determination<br>• Skilled Nursing |

## What are the 2010 income and resource limits for Medicaid Financial Eligibility?

| Income: | Countable Resources: |
|---|---|
| • $2,022 for an individual (up to 3 times the SSI amount)<br>• $4,044 for a couple (when both spouses need long-term care.)<br>• If an individual is ineligible solely because countable income is over the cap amounts above, he/she may be considered under the Medically Needy Program * (see below) | • $2,000 for an individual<br>• $3,000 for a couple<br>• $109,560 in resources, as long as one spouse at home does not get long-term care.<br>• These income and resource limits are subject to change each year. |

* Under the Medically Needy Program, income must be less than the Medicaid rate for that facility, or the individual may be certified on a month to month basis if the individual's monthly income is over the Medicaid facility rate but below the monthly MNIES ($100 urban, $92 rural) after subtracting the Medicaid facility fee, any ongoing monthly medical expenses (i.e. Medicare Part B premium) or any nonrecurring medical expenses (i.e., prescriptions that are not paid by any medical plan). (Call your Parish Medicaid Office for further clarification.)

**If you want to find out about Nursing Facility or Home and Community Based Services**

Call Louisiana Options in Long Term Care at

**1-877-456-1146**
**TDD: 1-877-544-9544**