Program Application Check List

Long Term Care (LTC) Waiver
Assisted Living Facility (ALF) Waiver
& Program of All-Inclusive Care for the Elderly (PACE)

Please check off each step in each section of the application as you complete it. See the reverse side of this check list for further guidance through the application process.

☐ Read the information in this Packet

☐ In **Section 1** of the application, choose which program you are interested in:

Long Term Care (LTC) Waiver- provides personal care services to you in your home

- Agency option- you will work with home care agencies to receive your services
- Self-Directed option- you would have the responsibility to find, hire, train, and oversee your own care provider

Assisted Living Facility (ALF) Waiver- provides personal care services to you if you are living in or planning to move into an Assisted Living Facility

Program of All-Inclusive Care for the Elderly (PACE)- provides all Medicaid-covered care and services to an individual in their home or at the PACE Center by the PACE provider

☐ In **Section 2**, check the box next to the agency that told you about our programs

☐ In **Section 3**, choose a Case Management/Care Coordination agency from the list provided in your packet and write it on the application

If you selected the Long Term Care Waiver (LTC) ***Agency*** option, you will need to select a ***Case Manager agency*** from the list on the enclosed green sheet

If you selected the Long Term Care Waiver (LTC) ***Self-Directed*** option, you will need to select a ***Care Coordinator agency*** from the list on the enclosed green sheet

If you selected the Assisted Living Facility Waiver (ALF), you will need to select a ***Case Manager agency*** from the list on the enclosed yellow sheet

If you selected the Program of All-inclusive Care for the Elderly (PACE), you may leave this section blank.

☐ In **Section 4**, complete all areas with the applicant's information

☐ In **Section 5**, complete the emergency contact information

☐ In **Section 6**, *if the applicant has a Legal Guardian*, please complete this section

☐ In **Section 7**, print the applicant's name and sign the application

Return the completed Program application in the postage-paid, self-addressed envelope provided. ***The Program application is the only paperwork you need to return to our office.***

Further guidance to get you through the application process:

☐ When we receive your Program application back in our office, we will make a referral to the Public Health Nurse's office in your county. They will contact you to schedule a time to meet with you, face-to-face, to complete an LT-101 assessment. ***It is your responsibility to be available to participate in the LT-101 assessment.***

- LT-101 Appointment Date & Time _____

☐ As part of the application process, you will also need to contact the Long Term Care Eligibility Unit for Medicaid financil eligibility at **1-855-203-2936.**

If you have questions or need assistance please contact the Home Care Services Unit toll-free at 1-855-203-2823.