



Apply for Benefits

Level of Care Self-Assessment

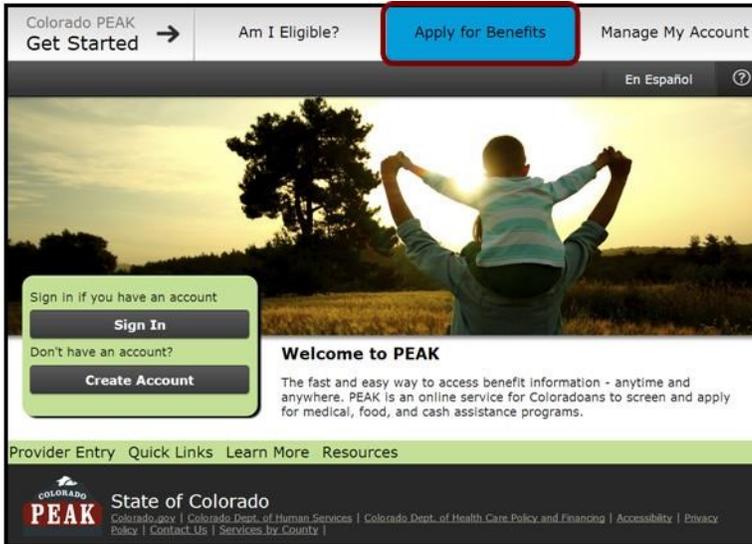
Individuals who need ongoing medical or social support may qualify for Long-Term Services and Supports (LTSS) Medical Assistance.

To qualify for LTSS, applicants must be both financially and medically eligible. Income information reported on the application is used to assess financial eligibility, and an assessment by a Single Entry Point (SEP) case management agency is used to determine if the applicant's medical condition qualifies them for long-term services and supports.

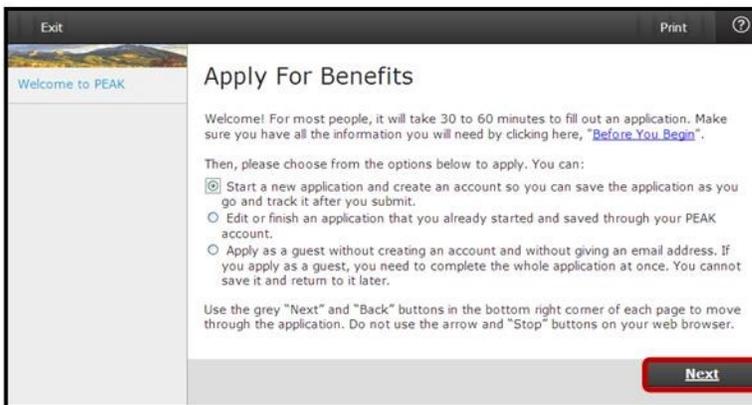
The **Level of Care Self-Assessment** on PEAK prompts the LTSS medical assessment process. The local SEP case management agency is provided with automated delivery of the applicant's self-assessment to begin the process of evaluating their medical needs.



Instructions for Completing the Level of Care Self-Assessment



1. Click on the **Apply for Benefits** tab.



2. A new application may be initiated by either selecting the "*Start a new application and create an account...*" option or the "*Apply as a guest...*" option.

Click **Next**.

Complete application questions.

Note: Those who apply as a guest are not able to access the many features of **Manage My Account** that those with a PEAK account may use such as: *Account Overview, My Benefits, Report My Changes, Redetermination, Payments, and Mail Center.*

Exit Print

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Household Member Questions

*Please check the box for anyone in the home who is blind or disabled.

Blindness or Disability

Lucy LongTermCare

No one

*Please check the box for anyone who regularly needs help with some or all of their self-care activities (such as bathing, dressing, eating, using the bathroom).

Help with Self-Care

Lucy LongTermCare

No one

*Please check the box for anyone who is living in a nursing home, acute care, hospital, group home, mental health institution or long-term care facility for at least 30 days within the last 90 days.

Medical / Nursing Facility Information

Lucy LongTermCare

No one

*Please check the box for anyone who needs to move to a nursing home, acute care, hospital, group home, mental health institution or long-term care facility within the next 30 days, or who needs in-home health care to stay in their home.

Future Medical / Nursing Facility Information

Lucy LongTermCare

No one

3. When filling out the application, responses to a set of “gateway” questions—shown here—determine whether **Long Term Services and Supports** questions will be asked.

The **Long Term Services and Supports** self-assessment page is prompted when it is indicated that someone in the household needs help with Self-Care, currently lives in a Medical/Nursing Facility or needs to move into one in the next 30 days.

Click **Next**.

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More About Lucy's Long Term Services and Supports

You've told us that Lucy may be in need of long term services and supports. The next few questions will help us to determine if they may be eligible for these services.

More About Lucy's Long Term Services and Supports

*Lucy needs assistance with the following tasks (check all that apply): [More Info](#)

<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing
<input type="checkbox"/> Eating	<input type="checkbox"/> Supervision/Behaviors
<input type="checkbox"/> Toileting	<input type="checkbox"/> Supervision/Memory
<input type="checkbox"/> Mobility	<input type="checkbox"/> None
<input type="checkbox"/> Transferring	<input type="checkbox"/> Other

*Lucy needs assistance with the following household chores (check all that apply):

<input type="checkbox"/> Cooking	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Medication management
<input type="checkbox"/> Money management	<input type="checkbox"/> None
<input type="checkbox"/> Shopping	<input type="checkbox"/> Other
<input type="checkbox"/> Telephone calls	

*Lucy is concerned about the risk of falling.

Yes No

*Check all that apply to Lucy:

- There are periods of time when Lucy is left alone.
- Lucy's care needs are often unmet.
- Lucy has very few opportunities to socialize with other people.
- Family and friends do not live close enough to visit on a regular basis.
- Lucy sometimes struggles to remember important things.
- Lucy has episodes of grief and loss.
- Lucy falls, either frequently or occasionally.
- Lucy has thoughts of depression or suicide.
- Lucy's needs are not being met.
- Lucy does not have any of these concerns.

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4. The questions that display must be answered. Select “None” if they do not apply. Click on [More Info](#) for more detailed information about the questions asked on this page.

Click **Next**.

7 Housing Bills	<input type="checkbox"/> Food <input checked="" type="radio"/> *Does Lucy have a general doctor? <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> *How would Lucy rate their overall health in the last six months? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
8 Other Bills	
9 Finish	
10 Submit	<input checked="" type="radio"/> *Lucy's medical conditions include (check all that apply): <input type="checkbox"/> Alcohol/substance abuse <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Alzheimer's or Dementia <input type="checkbox"/> Heart problems

5. Some questions prompt fields for more information when a checkbox or "Yes" is clicked. Asterisks (*) mark the questions that require an answer.

8 Other Bills	<input checked="" type="radio"/> *Does Lucy have a general doctor? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text"/> *Doctor's name <input type="text"/> *Doctor's telephone number <input type="text"/> *Street Address <input type="text"/> *City <input checked="" type="radio"/> *How would Lucy rate their overall health in the last six months? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
9 Finish	
10 Submit	

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7 Housing Bills

8 Other Bills

9 Finish

10 Submit

More About Lucy's Long Term Services and Supports (cont.)

You've told us that Lucy may be in need of long term services and supports. The next few questions will help us to determine if they may be eligible for these services.

Lucy Long Term Services and Supports (cont.)

*Lucy's most important needs are (check all that apply): [More Info](#)

<input type="checkbox"/> Assistance with Housekeeping	<input type="checkbox"/> Housing
<input type="checkbox"/> Assistance with Personal Care (More Info)	<input type="checkbox"/> Mental health support
<input type="checkbox"/> Assistance with reconciling medical bills and insurance records	<input type="checkbox"/> Medical management
<input type="checkbox"/> Behavior assistance (More Info)	<input type="checkbox"/> Nutrition counseling
<input type="checkbox"/> Care in case of emergency	<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> Care management	<input type="checkbox"/> Ombudsman (advocacy rights)
<input type="checkbox"/> Companionship	<input type="checkbox"/> Physical therapy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Respite care
<input type="checkbox"/> Educational assistance	<input type="checkbox"/> Skilled nursing services
<input type="checkbox"/> Employment	<input type="checkbox"/> Speech therapy
<input type="checkbox"/> End of life care/hospice	<input type="checkbox"/> Utility assistance
<input type="checkbox"/> Food	<input type="checkbox"/> None
	<input type="checkbox"/> Other

*Does Lucy have a general doctor?
 Yes No

*How would Lucy rate their overall health in the last six months?
 Good
 Fair
 Poor

*Lucy's medical conditions include (check all that apply):

<input type="checkbox"/> Alcohol/substance abuse	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Alzheimer's or Dementia	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Arthritis	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Autism	<input type="checkbox"/> Major Depression
<input type="checkbox"/> Bi-Polar	<input type="checkbox"/> Multiple sclerosis
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Paralysis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Parkinson's disease
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Pulmonary (lung) disease
<input type="checkbox"/> Cognitive disability	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Developmental delay	<input type="checkbox"/> Spinal cord injury
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> None
	<input type="checkbox"/> Other

*Lucy would like a list of housing options in their community to help to live as independently as possible.
 Yes No

*Lucy would like to talk with an expert about their needs and the available supports to keep Lucy in the community.
 Yes No

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6. There are two pages of self-assessment questions that must be answered. Select "None" if they do not apply. Click on [More Info](#) for more detailed information about the questions asked on this page. Click **Next**.

Welcome to PEAK

Thank You!

Your application tracking number is [REDACTED]086. Be sure to write this number down or print this page for your records.

Your online application has been sent to Denver county. If you have questions about the status of your online application, please contact Denver county. To find the county address [click here](#). Please have your application tracking number available to get answers more quickly.

Before submitting another application, please contact Denver county and provide your application tracking number.

[Click Here](#) for more information about how long it may take to get an answer.

If you indicated a need for long term services and supports and are not contacted by your local Single Entry Point (SEP) agency within seven (7) days to set up a formal assessment, please contact your local SEP. Your local SEP agency is listed by county; it can be found by clicking here, [click here](#).

Types of Proof

Keep in mind that your application office worker may ask for proof of some of the things you told us in your application. We've created a list of the types of proof that you may need to provide. Click the "Types Of Proof" button to see and print this list.

[Types of Proof](#)

You may be asked to talk with an application worker by phone or in person in order to get benefits.

Manage My PEAK Account

Log in to your PEAK Account today to begin managing your benefits. If you have already been assigned a case number, you will be able to check your benefits, view your case information, and report changes online. Click the My Account button to log in now and look at your information. If you haven't been assigned a case number, one will be sent to you in the mail.

[Manage My Account](#)

Print Both Disability Determination Application & Release forms

Please send or take your disability determination application and disability determination release forms to County.

Please sign one (1) release for every doctor or hospital you have listed on the disability determination application. Please sign three (3) additional release forms for any new or discovered medical sources.

For your disability determination application, [click here](#)

For your disability determination release forms, [click here](#)

Once the application is finished and submitted, the confirmation page displays with the application tracking number. Please print this page or maintain the application tracking number as a receipt.

The confirmation page also contains links to resources for more information and local Single Entry Point (SEP) agency contact information.

The SEP should contact the applicant within seven (7) days to complete the assessment.

If a disability determination is needed, the disability application and release forms may be printed from this page and should be manually submitted.

Note: Individuals under the age of 65 need a disability determination to qualify for Long Term Services and Supports (LTSS). The disability application and release forms at the end of the PEAK application should be completed when the applicant does not have a disability determination through the Social Security Administration, either through Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).