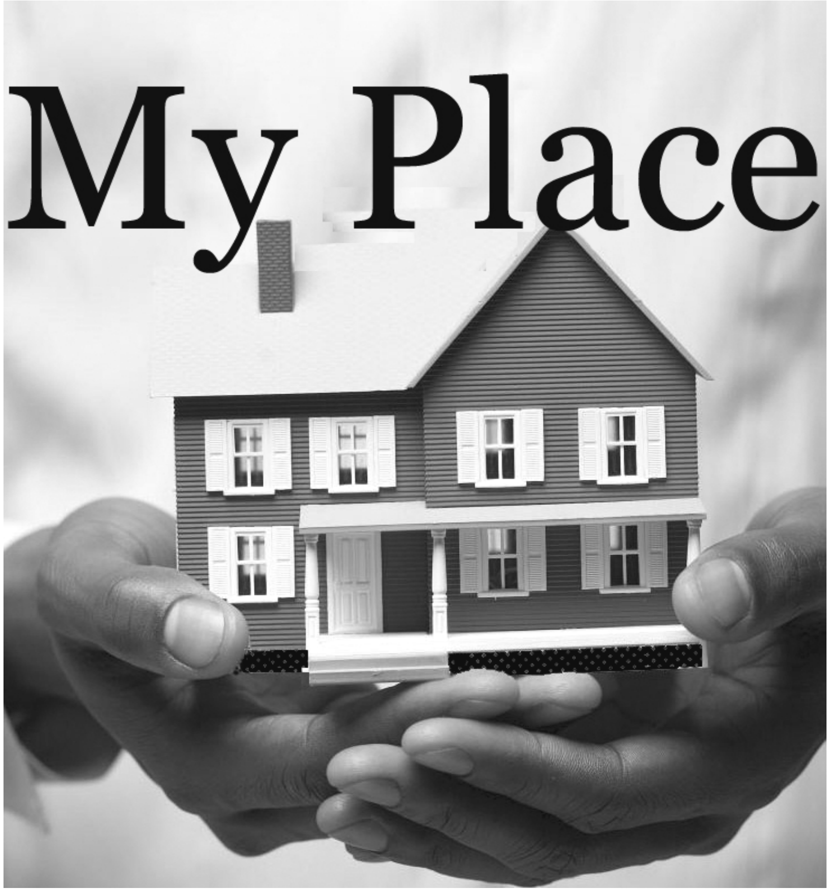
Participant Information Booklet for People with Developmental Disabilities in Nursing Facilities and Hospitals

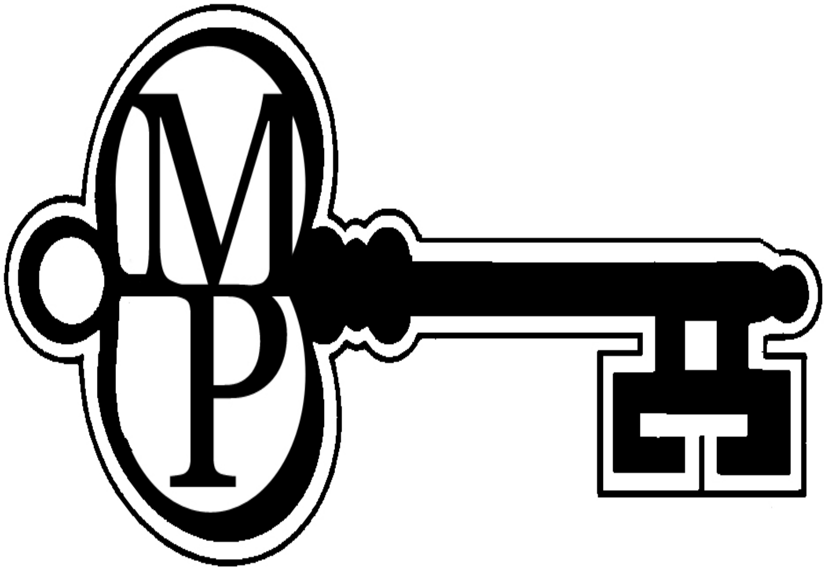


Louisiana

Office for Citizens with Developmental Disabilities (OCDD)
Office of Aging and Adult Services (OAAS)
A Demonstration Program with Louisiana Medicaid

My Place Louisiana
is an opportunity for people
presently living
in nursing facilities
and hospitals to move
to home and community-based
living settings.

Individuals must have resided in a qualified institutional setting for at least 90 consecutive days to qualify.



Single Point of Contact Information

for People interested in My Place Louisiana

To receive information about My Place Louisiana you may use one of the following methods:

Call the Statewide Toll-Free Number 1-888-342-6207

This toll-free number is staffed by Medicaid and is open from 7:30 am - 5:00 pm (Monday—Friday). Calls are transferred to the appropriate OAAS or OCDD My Place Louisiana staff. After hours and on the weekend there is an option to leave voice mail for staff to return calls as soon as possible.

Visit the My Place Louisiana Web Site:

www.myplacelouisiana.org

E-mail the My Place Louisiana staff at:

myplacelouisiana@dhh.la.gov

This E-mail address will be monitored by My Place Louisiana staff. Requests are routed to appropriate OAAS or OCDD My Place Louisiana staff for a response.

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Introduction to My Place Louisiana

What is a Demonstration?

The Money Follows the Person (MFP) Rebalancing Demonstration (the Demonstration) is a Medicaid program to help states try new ways of delivering Medicaid services. The Demonstration will help people move from an institution into home and community-based living settings, such as a home or apartment. The move is called a "transition." Information gathered from people who move using the Demonstration will help Medicaid improve the long-term care system and the transition process for others who may want to move.

Louisiana is participating in the Demonstration with 29 other states and the District of Columbia. All states are working toward the same goal—finding ways to support people using Medicaid long-term care services to live where they want to and to receive the services they need. The Louisiana Medicaid Office is working with the Office for Citizens with Developmental Disabilities (OCDD) and the Office of Aging and Adult Services (OAAS) to implement the Demonstration.

Does MFP Rebalancing Demonstration = My Place Louisiana?

The Demonstration is an eight-year (2008-2016) opportunity which focuses on Medicaid funding following participants in transition from nursing facilities, hospitals, and ICFs/DD to home and community–based living services. In Louisiana, the Demonstration is known by the name **"My Place Louisiana** or **My Place".**

What are the goals and purpose of My Place Louisiana?

A person participating in My Place Louisiana chooses where they live and what services they receive. People can live in their own home or apartment, at home with family, or in an apartment or shared living option with roommates also using waiver services. To better understand the process of transitioning and how the My Place Louisiana program works, turn to page 10 and read Chuck's Case Study.

What services may participants receive through My Place Louisiana?

My Place Louisiana is meant to support participants' moves to the community and living in the community long-term.

My Place Louisiana participants use waivers and/or state plan service(s) to transition into home or community settings.

Introduction to My Place Louisiana, continued

OCDD waivers and state plan service(s) included in My Place are:

- Children's Choice waiver,
- Residential Options Waiver (ROW)
- New Opportunities Waiver (NOW)
- Long Term—Personal Care Services (LT-PCS),
- Extended Home Health-Children,
- Durable Medical Equipment, and
- Support Coordination

OAAS waivers and state plan service(s) included in My Place are:

- Elderly/Disabled Adult (EDA) waiver,
- Adult Day Health Care waiver,
- Program of All–Inclusive Care for Elderly (PACE),
- Long Term—Personal Care Services (LT-PCS), and the
- Adult Residential Care waiver will be new in 2011, if approved

Participants will receive additional Medicaid State Plan services according to eligibility. Services that people get through My Place will continue as long as participants are eligible and want the services. My Place participants will not have to wait for waiver services but can transition to home and community-based living settings as soon as eligibility, housing, and services are in place. For more information on Services see pages 25 through 26.

Are there any additional transition supports?

Below are some snapshots of supports that will be available for people participating in the My Place program either before move or during the demonstration period (365 days post move):

- Support Coordination agency staff and Direct Support Workers, who work with My Place participants, may receive advance training that will enable them to better provide for support needs in the community.

- Community Living Training: Funding for pre-move activities and transportation required to secure housing, identification documents, and needed home items; to pay deposits; and to finalize arrangements to move.

- Family Training in Direct Care Responsibilities: Families who will provide supports can receive training in their roles and responsibilities.

- Facilitated Family Communication: Family counseling for caregivers and siblings of individuals with DD moving home from nursing facilities, ICFs/DD, and hospitals. Session(s) will focus on preparing families for the transition, successfully managing life changes, addressing changes in family dynamic, and coping with additional stress and challenges of supporting a family member with a disability at home.

- Health Care Communication: Providing alternative language support for people who do not speak English and/or who use American Sign Language as primary communication in order to facilitate transitional meetings with health care advisors and/or support team members.

- Legal Consultation: Payment for attorney fees, filings, and notary to resolve legal barriers to transition.

- Physical Consultation: Payment for medical consultation to support comprehensive planning and the successful completion of transition documents (90-L). This will be used when the institutional primary care physician is not able or willing to participate in the transition planning process.

- Louisiana Housing Search: Web-based housing search support originally funded by the Systems Transformation Grant (2006–2010). Funding will continue through Demonstration funds through 2014.

- Housing Relocation Assistance: OCDD will contract with local realtors, housing relocation experts, or related entities to manage relocation referrals on a local level. Transitioning persons will be referred to a local contractor, who will assist the person to locate housing options that meet the person's specifications, tour these options (in person, video, pictures), and negotiate and secure a lease.

- Transition Maintenance: Funding for post-move activities specifically related to achieving goals or accessing services in the plan of care. Transition Maintenance will only be used when no other resources are available and/or when available resources have failed to address the barrier.

Who may be eligible for My Place Louisiana?

People who may be eligible for My Place Louisiana must have been institutionalized for at least 90 days and meet the following criteria:

- ♦ Elders (age 65 and older) currently living in nursing facilities, hospitals, or rehabilitation hospitals
- ♦ Adults with physical disabilities (at a nursing facility level of care);
- ♦ People with developmental disabilities of any age living in an ICF/DD; or
- ♦ Children with developmental disabilities (age birth to 18 residing in a nursing facility or hospital).

Eligible persons must also meet the following criteria:

- Meet Medicaid financial eligibility, and
- Level of care eligibility for community-based service(s) in the demonstration.

Additional information on My Place Louisiana program eligibility and financial criteria can be found on pages 23 and 24.

Introduction to My Place Louisiana, continued

What is needed to begin my participation in My Place Louisiana?

In order for an individual to participate in the Demonstration, he/she or a legally authorized representative must agree to participate. Participation in My Place Louisiana means transitioning from an institution to a community-based living setting, such as a home or apartment. The first step involves an OCDD Regional Office or Human Services District or Authority representative discussing the My Place Louisiana opportunity. The second step in the process requires the person or his/her legally authorized representative to sign the **Informed Consent Forms** (see Appendices E, F, G, and H).

How do I find out more about My Place Louisiana?

My Place Louisiana will operate from June 30, 2008 through September 30, 2016. If you or someone you know would like to find out more about eligibility for participation in the My Place Louisiana opportunity:

Visit My Place Louisiana Web Site: www.myplacelouisiana.org

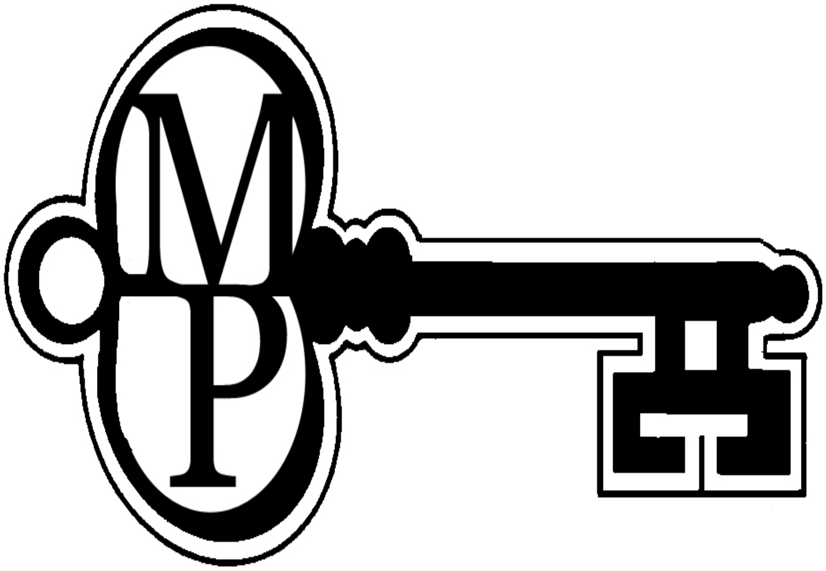
Email interest to: myplacelouisiana@dhh.la.gov

Or Call the Medicaid Toll-Free #: 1-888-342-6207

You may also contact your Regional Office or Human Services District or Authority. Contact information for these offices can be found on page 28 of this booklet.

Services and Eligibility Details

My Place Louisiana
for People with Developmental Disabilities living in Nursing Facilities and Hospitals



Chuck's Story
Transitioning from a Nursing Facility

Case Study: Child with developmental disability transitioning from a Nursing Facility

The Office for Citizens with Developmental Disabilities (OCDD) first met Chuck when he was 15 and entering a nursing facility located in rural Jackson Parish. Chuck had been injured in a motor vehicle accident while riding in the back of a pick-up truck. During the accident he was ejected from the truck. The injuries Chuck sustained from the accident left him comatose and not expected to survive. Chuck was diagnosed as having traumatic brain injury (TBI). Even though his primary disability was TBI, he also had multiple physical disabilities stemming from the brain injury to further qualify him as an individual with developmental disability (DD). Because Chuck was younger than age 22 and because of his diagnoses, Chuck was considered by Louisiana law to have a developmental disability.

Anyone with a DD entering a nursing facility must be certified for entry by the OCDD Regional Office. This process is called the Pre-Admission and Screening and Annual Resident Review (PASARR). The OCDD Regional Office staff was contacted by the nursing facility to complete the PASARR review. OCDD Regional Office staff visited Chuck in the nursing facility and talked to the facility staff and Chuck's family. OCDD Regional Office staff identified Chuck's dad as the primary contact. Chuck lived with his Dad prior to the accident. OCDD Regional Office staff explained to Chuck's dad that by Louisiana law, Chuck was now considered to have a developmental disability and that the OCDD Regional Office would work with Dad to discuss information about services and options available.

The OCDD Regional Office made the initial determination that Chuck was categorically eligible for nursing facility care due to his comatose state. Chuck's comatose state made him ineligible for admission to an intermediate care facility for persons with developmental disabilities because he would not be able to receive active treatment, a federal requirement for a person in an intermediate care facility for persons with developmental disabilities. He had even recently been readmitted to the hospital due to further brain hemorrhaging. The family was naturally very concerned for Chuck's life. Dad felt that Chuck was best served in the nursing facility due to his fragile medical state. Dad saw no way that he could support Chuck at home. Also, because they thought he was going to die, the family felt that a nursing facility met a temporary need. Their decision was supported by the attending physician.

OCDD was supportive of the family in their grief following the accident and their grief in anticipating Chuck's not surviving. OCDD Regional Office staff stayed involved, talking to Chuck's dad at least every three months and visiting the nursing facility to see how Chuck was doing. Every three months, the OCDD Regional Office would renew Chuck's certification to stay in the nursing facility.

While Chuck resided at the nursing facility, his parents remained active in his life. Though

Chuck's Story, continued

his parents were divorced and not living together, they both lived in proximity to the nursing facility and each visited at least twice a week.

Chuck surprised everyone and woke from his coma about nine months later. He was now 16. He was still having a large amount of medical and disability challenges, but his family was overjoyed that he woke up. They had been prepared for his death. The OCDD Regional Office staff remained in touch with Dad and now began visiting more frequently to establish a deeper relationship with Chuck and Dad. OCDD Regional Office staff regularly discussed with Chuck and Dad the service options available for people with developmental disabilities, such as ICF/DD services, waiver services, Medicaid state plan, and state funded services. OCDD Regional Office staff hoped that after Chuck's medical condition was evaluated thoroughly, Dad would consider an alternative placement.

As a part of the PASARR process, OCDD Regional Office staff is always considering more appropriate living options for people with developmental disabilities living in nursing facilities. It had not always been possible for OCDD to provide immediate opportunities to access the full range of service options to meet the family and consumer's preference. Private ICFs/DD in a certain area may not have an open bed. The wait for a waiver service may be years. State funding may not be available in the amount needed. With the My Place Louisiana program, the OCDD Regional Office believed that Chuck might qualify to get a waiver opportunity with no wait using money follows the person methodology. The Medicaid funding available to pay for Chuck's nursing facility care would be used to fund home and community-based services instead. The My Place program was operating from 2008 through 2011 and was working through the PASARR process to offer children like Chuck access to a waiver option and allow transition from a nursing facility to home and community-based living options. It would be a great opportunity for Chuck to move home with the assurance of having all of the supports he needed.

After Chuck awoke from his coma, the nursing facility staff and attending physician worked hard to complete a thorough assessment of Chuck's medical, nutritional, and physical support needs. The physical disabilities that accompanied the TBI did not allow Chuck to walk or support himself outside a wheelchair. Chuck was also left with bowel and bladder incontinence. Other noted disabilities included a decrease in his motor skill involvements, which resulted in minimal range of motion in his arms and hands. He was left with total blindness and slow speech.

Chuck required physical therapy, occupational therapy, and speech therapy to see if he could recover some of his abilities. He depended on a wheelchair to be able to get around but had difficulty maneuvering the chair due to decreased motor skills in his arms and hands. The nursing facility attempted to begin therapies; but Chuck did not want to participate in any therapies, and no one (not even Dad) could persuade him to

Chuck's Story, continued

do so. This could have been due to his head injury and the changes this caused in his personality or due to the fact that staff were more familiar with elderly persons than young persons. One nursing facility staff member told OCDD staff that she felt Chuck was embarrassed to be at the nursing facility and so was shutting everyone out.

As Chuck's medical condition improved and he began to speak, he communicated to dad that he wanted to go home. Dad began telling OCDD he wanted to take Chuck home. Mom was supportive of this decision but did not wish to play an active role in the planning process. Since his parents' divorce, Chuck's relationship with his mom was not very good because Chuck chose to live with his dad. Although Chuck had speech challenges, he could make his wishes known. Chuck clearly expressed a preference to go home to live with his dad. Dad was happy to take on the responsibility of planning for Chuck's supports at home, even though he knew this would change his life. Dad would have to monitor and support Chuck's medical status, assist Chuck with personal care and moving around, and would need to prepare himself to do all of these things for many years, as Chuck might remain dependent on his dad. Dad felt that the challenges of meeting Chuck's needs were well worth the return in the joy of sharing everyday life with Chuck.

OCDD Regional Office staff told Dad and Chuck about the opportunity to move home using a waiver service provided through the My Place Louisiana program. The OCDD Regional Office staff felt that using a waiver was the best option for long-term success of Chuck's in-home placement. The waiver services would be flexible enough to meet Chuck's changing support needs and offered a well-rounded service package when coupled with Medicaid State Plan benefits. Because Chuck had resided in the nursing facility for more than 180 days, he was a good candidate for the My Place program. The My Place program offered the Children's Choice Waiver in Phase I of the program. The OCDD Regional Office staff would assist Chuck and Dad to evaluate whether the Children's Choice waiver would meet Chucks' needs if they were interested. Dad understood that My Place would provide a way for Chuck to receive home and community-based services that would be important to help him live at home. Dad and Chuck were very excited about participating in My Place and receiving a waiver opportunity through the program. Dad signed the informed consent form that the OCDD Regional Office staff presented to him for Chuck to be a part of the My Place program.

The nursing facility social worker was not positive about Chuck going home and insisted to OCDD staff that it was a bad idea. The social worker believed that taking Chuck out of the facility would not benefit him. OCDD Regional Office staff had to firmly repeat to the social worker that the Regional Office was there to support the family and Chuck in the goal of having Chuck at home if at all possible.

Chuck’s Story, continued

Unfortunately, there was a general lack of support for Chuck’s move home from nursing facility staff on Chuck’s facility treatment team. The only support came from Chuck’s physician. He agreed to participate in planning sessions for Chuck’s move. Other facility treatment team members did not participate in planning for Chuck’s discharge. OCDD Regional Office staff did request that Chuck’s entire facility treatment team participate in Chuck’s initial person-centered planning to transition to home but could not require them to do so. Facility treatment team members repeated that they felt that taking Chuck from the nursing facility would be harmful to his care.

Chuck’s facility treatment team members were not familiar with home and community-based services provided by OCDD and did not understand that Chuck would be able to get many of the same services delivered by the facility in his home through the waiver program and Medicaid state plan. The OCDD Regional Office recognized the lack of understanding on the facility staff’s part and vowed to try to overcome this barrier for Chuck and others who wish to move home using community-based services. This would be done by encouraging education of nursing facility staff. Only in educating facility staff would these staff begin to support Chuck and others in their goal of transitioning home. It would also enhance the information provided by the nursing facility staff for transition planners/support coordinators. If facility treatment team staff understands the community-based model the person is moving to, they may make better recommendations regarding supports needed to be successful in the community.

Although the facility treatment team staff chose not to participate in planning meetings, their opinions regarding the transition process were noted. Their expertise in Chuck’s medical, nutritional, and physical support needs were important in planning for Chuck’s move. Their thoughts on the challenges of Chuck’s care were documented to be used extensively in the person-centered-planning process. In addition, the OCDD Regional Office staff accessed Chuck’s nursing facility records. These records also provided in-depth information about Chuck’s current support needs and projected need for specialized therapies.

Even as nursing facility staff voiced concerns about Chuck’s move, Chuck and Dad stood firm in their decision to work toward a move home. They were reassured by the OCDD Regional Office staff that the person-centered planning process would identify potential needs or barriers and discussed solutions to Chuck’s support needs. If at any time it looked as though the move home would not work well for Chuck, other options would be discussed. The OCDD Regional Office worked diligently to move forward with the transition planning in a timely manner, hoping to complete the initial person-centered planning session and link Chuck to a chosen waiver service within 30 days.

Chuck's Story, continued

The OCDD Regional Office worked with My Place staff in the OCDD Central Office to link Dad with the local Families Helping Families chapter. Families Helping Families is a parent based advocacy agency that has chapters in different Regional s of the state. This would give Dad an opportunity to talk to another parent of a child with a developmental disability. Sharing common feelings, even anxieties, would help Dad through both the planning process and the life transition he would have to make to support Chuck at home. The Families Helping Families parent would also help Dad to think about questions he wanted answered by the OCDD Regional Office staff and to identify the kinds of things that Chuck and Dad wanted in Chuck's life. Thinking about goals and Dad's and Chuck's vision for their life would help the OCDD Regional Office staff in the initial person-centered planning session.

It helped Dad to talk to another parent who has a child with a disability. He felt like he could trust what they said and that he was getting a reality-based picture of what he and Chuck were about to do together. Dad felt like he was doing the right thing by following his heart in working to move his son home, even if some of the professionals at the nursing facility didn't agree.

Phase I of the My Place program only offers the Children's Choice waiver. Thus, Chuck and Dad had to decide whether or not the Children's Choice waiver would meet Chuck's needs. Because Children's Choice does not offer 24 hour supports in the waiver alone and must be combined with Medicaid state plan/ EPSDT services, Chuck and Dad needed to be sure that the waiver and state plan service package was right for them and would work with the lifestyle and routine that Chuck and Dad envisioned. OCDD Regional Office staff did person-centered planning with Chuck, his parents and the nursing facility physician. This planning session also used the documentation from the other facility treatment team members and Chuck's records. They worked to identify a vision for Chuck's life that would accomplish his goals, identify Chuck's support needs, and match those needs with services available in the two waiver options. They also looked at what providers might be available near Dad's home. After considering all of this and looking at services available through My Place, Chuck's family believed the Children's Choice waiver would work great for Chuck. They chose this waiver because it was very flexible and had all of the core services that Chuck needed (Environmental Accessibilities Adaptations, Family Support, Family Training, and Center-based Respite). Children's Choice offered the best opportunity to combine with the State Plan services for Children that would meet Chuck's more extensive nursing and therapeutic needs- Extended Home Health – Early & Periodic Screening & Diagnostic Treatment (EPSDT) benefit, Early & Periodic Screening & Diagnostic Treatment—Personal Care Attendant (EPSDT-PCS), and Durable Medical Equipment (DME). Also included in the State Plan package for children that Chuck would be able to use were audiological services, speech therapy, physical therapy, and speech & language therapy. Chuck also would need dental services and might seek mental health services over time, per his TBI diagnosis

Chuck’s Story, continued

and the possibility of manifestation of a co-occurring psychiatric concern. The Medicaid package of services for people age 21 and younger was extensive enough to provide for Chuck’s support needs. By choosing Children’s Choice, Chuck and Dad understood that when Chuck reaches age 19, he would be referred to an appropriate DD waiver. The choice as to which waiver Chuck is offered would be made based upon Chuck’s support needs at that time.

OCDD Regional Office staff completed the paperwork to link Chuck to the Children’s Choice waiver services and forwarded this paperwork to My Place staff. The paperwork was processed by the Medicaid Data Contractor (SRI, Inc.), who sent a letter to Dad notifying him of the offer of a Children’s Choice opportunity through the My Place program. Dad signed the informed consent form to accept the Children’s Choice waiver and chose a support coordination agency. Chuck was officially linked to the Children’s Choice waiver as a My Place participant, and the 60 day transition planning clock started.

Within a couple of days, the Support Coordinator made contact with Dad and Chuck and began putting together Chuck’s Individual Support Plan (ISP). The Support Coordinator had 60 days to work with the facility treatment team, Chuck and Dad, and any new community-based providers that would be serving Chuck after the move to get the ISP drafted and approved by the OCDD Regional Office-Waiver Supports & Services division.

The Support Coordinator used a lot of the information from the person centered planning meetings held the month before by the OCDD Regional Office staff. This information provided a good foundation for discussing the services within the waiver that Chuck might like to use and the State Plan services that would need to be set up. The Support Coordinator visited Dad’s home to look at where Chuck would be moving. She talked to Dad about what life might be like once Chuck moved home. She talked to Chuck to learn what he liked to do. She talked to Chuck’s physician about Chuck’s health needs. She reviewed records and talked to nursing facility staff to gather information and complete the plan. The Support Coordinator maintained at least weekly contact with Chuck and Dad throughout the 60 day transition window. She talked to them more frequently at certain points, like when they were making appointments to meet potential providers, making choices related to community-based medical care, and firming up some of the details of the modifications that would be needed for Dad’s home.

Because Chuck was using the My Place program to transition, the Support Coordinator received assistance from the My Place Transition/Quality Management Regional

Chuck's Story, continued

Coordinator. This staff person was part of the administrative support structure of the My Place program and offered help in the form technical assistance to the support coordinator. The My Place Transition/ Quality Management Regional Coordinator helped the Support Coordinator to stay on track with the 60 day transition timeline.

In addition, the My Place Transition/Quality Management Regional Coordinator met Chuck and Dad to make sure that they did not have any unanswered questions about the My Place program and how the program affects Chuck's services and eligibility. The My Place Transition/ Quality Management Regional Coordinator explained to Chuck and Dad that My Place collects and tracks a lot of information about Chuck, such as what services are planned for him versus those he receives, how Chuck is doing in terms of critical incidents (like going to the emergency room), and how Chuck feels about his life. The way that My Place finds out the last item is through a Quality of Life survey. The survey would be administered by a person from an agency that My Place staff are employing to administer the surveys. The first survey is administered before the person moves out of an institution or nursing facility, the second survey about a year after the move has occurred and the third survey about two years after the person moves. Chuck and his Dad agreed to participate in the three Quality of Life surveys that are requested for all My Place participants.

In finalizing the ISP, Chuck and Dad had to make decisions about which services they would use in the waiver, which State Plan services they might use, and how school services would fit into their plan. In making these decisions, Dad felt like he did not need 24 hour care and did not want the intrusion of persons in their home every minute of the day. Chuck's plan included his receiving in-home personal care attendant services through both the State Plan EPSDT-PCS and the Family Support component of the Children's Choice waiver. Chuck would have a personal care attendant during Dad's scheduled work hours. Dad also arranged for some breaks for himself with respite hours in Children's Choice's Center-Based Respite service. However, Chuck did not receive paid staffing 24 hours a day. Dad felt that he was able to provide support for Chuck during the time periods when he was at home. Dad did not work a typical 8 hour day/ 40 hour week. He was a plumber and worked during hours he scheduled as calls came in. Dad could schedule his time to coincide with Chuck's personal care service (PCS) worker hours. The PCS agency providing Chuck's services was available 24 hours a day in the event Dad needed emergency coverage, like if Dad had to work unexpectedly or if Dad was sick. The Support Coordinator also spoke with Chuck's mom about playing a role in providing natural supports in the event of a change in schedule. She agreed to assist as needed. All of this was documented in Chuck's ISP.

Chuck’s Story, continued

OCDD Regional Office staff helped by locating a hospital bed, which was available under Medicaid’s durable medical equipment service. Home Health was arranged to assist in continuing medical assessment. The Support Coordinator arranged for assessment for State Plan services offered to children through the Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT) so that Chuck could start these services as soon as possible after his transition. Some of these services could not be applied for or approved until Chuck moved out of the nursing facility. Thus, the goal of the Support Coordinator was to have all waiver services and all possible State Plan package items (like home health) in place for the day of the move and then to get the other needed services offered through EPSDT in place as soon as possible after the move.

The Support Coordinator contacted the local school board office and talked with a number of individuals about services that could be offered to Chuck. The school board offered to send someone to Chuck’s home to test his reading and learning abilities. Chuck and Dad would need to participate in the process of developing an Individualized Education Plan (IEP). The school personnel said it would take a number of weeks to set up the scheduling of assessment, carrying out the assessment, developing the IEP, and putting the plan elements into place. The area school board had limited special education services that Chuck could use. To use the education services would require Chuck leaving home and traveling the 45 miles to the Special Education facility to receive the services. The My Place participant booklet provided information about Louisiana Parent Training and Information Center (LaPTIC), which provides workshops for parents of students with special needs to learn how to understand the process of getting educational supports for children with disabilities and the process of developing Individualized Education and Individualized Transition Plans. Dad also talked to the Support Parent about seeking help with schooling resources and talked to the Parent about her experience with the educational system. Chuck and Dad talked about using school services. Chuck declined going back to school, because he felt it was not important to him. Dad supported Chuck’s decision. OCDD Regional Office staff and Chuck’s Support Coordinator encouraged Chuck to attend school, but he did not change his mind. Chuck was of the age where he could legally drop out of school with no repercussions. The OCDD Regional Office staff shared with Chuck and Dad about habilitation and vocational training options that may be available once Chuck reaches age 18. They left information with Chuck and Dad and also prompted Chuck’s support coordinator to discuss these programs with Chuck and Dad again closer to Chuck’s birthday.

Chuck’s Story, continued

The Support Coordinator visited Dad’s home and was concerned about the feasibility of Chuck’s living in the home. Chuck’s Dad lived in a mobile home that was small and not very accessible to someone with needs like Chuck’s. There were steps leading into the trailer, and the inside of the trailer would allow for a hospital bed only in the living room. A lift inside the trailer was not feasible due to the small area in the living room and the space the bed took up.

The Support Coordinator worked with the My Place Transition/ Quality Management Regional Coordinator to present alternatives to Chuck’s dad. The Support Coordinator assisted them in learning about subsidized housing in the area and in completing an application to receive a voucher to use for a house or apartment. During the application process, the My Place Transition/ Quality Management Regional Coordinator found out from the My Place Housing Coordinator that the area had a 6 month wait for vouchers, but that new accessible, affordable scattered site housing was just coming online in the area. The developers utilized HOME funds and Low-Income Housing Tax Credits for the project, so it was listed on the DHH housing directory at www.lahousingsearch.org. The My Place Transition/ Quality Management Regional Coordinator got the contact information for the new housing available and also gave the www.lahousingsearch.org web site link to the Support Coordinator. There was a two bedroom house with a bathroom large enough for a lift available for rent within 14 days.

The My Place Transition/ Quality Management Regional Coordinator also worked with the Support Coordinator on an application for some financial assistance through the My Place program to help Dad and Chuck move into the new housing. The Children’s Choice waiver does not offer One-Time Transition expenses reimbursement. The My Place program received $33,000 from the Louisiana Developmental Disabilities Council to assist with transition and housing expenses not covered by Medicaid funding. Dad and Chuck asked for $1,500 in moving and set up expenses that they would need when they moved into the house. They made a detailed list of their needs and they talked it over with their Support Coordinator. The Support Coordinator completed an application to receive the funds after researching the lowest costs for the items on the list. The application was approved and Chuck’s Support Coordination agency received the funds so the Support Coordinator to help Chuck and Dad purchase the items they needed. The Support Coordination agency then invoiced OCDD.

It was fortunate that housing was available within the timeframe needed. Housing availability varies dependant on location, particularly in urban versus rural areas. In addition, certain urban areas in Louisiana are rebuilding (New Orleans and Lake

Chuck’s Story, continued

Charles) while others are expanding (Alexandria, Baton Rouge, and Shreveport), and accessible, affordable units may be more readily available in these areas. If it had not been available, a temporary rental may have been sought using the My Place DD Council funding.

Before Chuck moved, his certification for Medicaid and state developmental disability services were verified, including Chuck’s qualification for ICF/DD level of care. Chuck and Dad also talked to OCDD staff about Chuck’s quality of life. Chuck’s Dad was contacted by a contractor who was administering the “Quality of Life” surveys for the My Place program. Chuck’s Dad and the interviewer agreed to meet at 7:30 a.m. one morning at the nursing home to complete the interview. Chuck made sure that the interviewer knew he was glad to be going home.

It took a little over one year from the time Chuck woke from his coma to the time he came home. Much of this time was spent seeing what physical progress he would make after waking from his coma.

When he moved home, Chuck had many family and friends there to welcome him. His young friends that he had known a long time had not deserted him. These friends were happy for Chuck to leave the nursing facility and to be back home. They liked to meet in the late afternoons at the Burger Barn to visit with each other and talk about the local high school football team. Now they could also go to Chuck’s and visit.

Chuck’s extended family was also able to easily visit him as well. Chuck’s Aunt Emma quickly got very involved in his life and comes a few hours a week to visit with Chuck and Dad or stay with Chuck while Dad ran errands or went to work.

Everyone was very happy for Chuck and considered his coming home a great accomplishment. They had all believed that Chuck may not make it after his accident.

After Chuck moved, his Support Coordinator called once or more every week for the first month, just making sure that everything was fine. She also called frequently the first month because she was working with Chuck and Dad to get the EPSDT services assessments and approvals through. Medicaid staff came to their home to complete assessments. Chuck was approved for therapies and other services that he needed to continue to develop skills for independence. After the initial move period, Chuck’s Support Coordinator touched based every month and visited in person at least once every quarter.

Chuck's Story, continued

Chuck's Support Coordination agency was available 24 hours a day to answer questions and respond to emergencies. Chuck and Dad understood that the OCDD Regional Office was also available to them. They understood that they could complain about not receiving a service or the way a service was delivered. Among on other things, the Support Coordinator had prepared a three ring binder for Chuck and his Dad that contained copies of DHH and OCDD contact information. She also put a copy of the Children's Choice Waivers Fact Sheet and information she had put together about OCDD Customer Complaint Policy, the DHH Critical Incident Policy, a *My Place Louisiana* Handbook, and the DHH Abuse and Neglect Policy. She also provided them with emergency numbers for the local DHH Regional Office, Chuck's Support Coordination agency, her own cell and home phone numbers, Chuck's doctor's numbers and numbers for the local police, fire department, and emergency medical response units. They understood that if Chuck was ever abused or neglected, had an emergency, or any complaint that they were to contact the numbers in the book immediately.

Chuck's Support Coordinator worked to make sure that Chuck was getting the services and supports he needed. Chuck and Dad liked the personal care attendants and the Home Health nurse who came to serve him. Once he was at home, Chuck's overall attitude changed. At the nursing facility, Chuck felt everything was geared to elderly people and that he felt out of place and lonely, which manifested as anger and refusal to participate in activities. At home, he felt more comfortable with his surroundings and began to be hopeful about his future. Chuck participated excitedly in therapy and was cooperative with nursing staff. He was increasingly engaged in his rehabilitation process as his treatment corresponded with things he wanted to do. Learning to use a wheelchair to get around on his own became important. Chuck wanted to talk to friends on the phone and maybe one day have a job.

At the end of the first year and one year later, Chuck's Dad was again contacted by someone who was conducting the "Quality of Life" surveys for the My Place program. Chuck and Dad had a good experience with the pre-move survey and agreed to participate in the 1 year after move questioning. They scheduled an appointment with the survey administrator. It took a little more than an hour to answer the questions about how Chuck was enjoying life at home.

Throughout the first year of Chuck's move (the first 365 days after he transitions from the nursing facility), the My Place program staff tracked a number of individual-level and systemic data elements. This level of individual attention is above and beyond the usual waiver program. My Place staff looked at individual-level data elements, such as what services were planned for Chuck versus those he actually receives, critical

Chuck's Story, continued

incidents (like hospitalization, emergency room visits, abuse and neglect, serious injuries), and satisfaction. These show how Chuck is doing and whether any corrective action needs to be taken to help Chuck to stay healthy and happy living in the community. My Place staff noticed that Chuck did not receive dental services as prescribed in his plan of care. The My Place Transition/ Quality Management Regional Coordinator contacted Chuck's Support Coordinator to ask if assistance was needed. The Support Coordinator said that she could not locate a dentist to perform the procedure required. The My Place Transition/ Quality Management Regional Coordinator assisted Chuck's Support Coordinator to set up an appointment with the nearest OCDD Center offering dental services. Chuck got his service within 30 days from a dentist affiliated with the LSU Dental School that travels to OCDD contract sites.

The My Place program looked at various elements of Chuck's service usage and planning throughout the first year after his move. These trends come together to create a big-picture approach to proactive problem-solving that will help better support Chuck and others who have moved from facilities into the community.

After the first year, Dad received a letter that Chuck's annual re-evaluation for OCDD services was scheduled. Chuck's Support Coordinator and the OCDD Regional Office worked together to update Chuck's ISP and validate his level of care. The My Place program paid for the first 365 days of Chuck's services, but Chuck was enrolled as a Children's Choice waiver participant from the day that he moved. On day 366, Chuck's waiver services would be paid for through the regular Medicaid funding mechanism. Chuck would never notice the change in funding source. When the 365 days of the My Place program ended, Chuck became a regular waiver participant, using the traditional Medicaid funding stream and becoming a part of the Children's Choice waiver's quality management system. Chuck's Children's Choice services would continue uninterrupted after his annual re-evaluation and planning session took place.

Dad knew he could call the OCDD Regional Office if he had any questions about Chuck's services or the letters he received about Chuck during this time.

The local Families Helping Families chapter invited Dad to their regular meetings and to some special training events. Dad has made some friends there. Chuck and Dad also began talking about Chuck's future and whether Chuck might like to use a habilitation or vocational training service during the day. Chuck was interested in computers and the Internet. He especially likes the sports Websites and wants to

Chuck’s Story, continued

learn how to “blog.” Dad and Chuck talked to his Support Coordinator. The Support Coordinator was glad to hear Chuck was interested in seeking training or further schooling. She talked to Chuck about his options at age 18 and got in touch with the OCDD Region about Chuck’s request. While still using the Children’s Choice waiver, Chuck might utilize state funding for habilitation or vocational supports for one year before moving to an adult waiver that includes the service. The Support Coordinator encouraged Chuck’s interest in computers. She was excited that Chuck was working hard to find out what he likes to do and was establishing goals for his future.

Chuck and Dad are doing great! Chuck still has many of his old friends visiting him every day. He and his Dad take rides around town a lot. Chuck enjoys riding in his dad’s pick-up truck. Dad and Chuck were not interested in a wheelchair accessible vehicle because Chuck wants to be “normal”. His friends pick him up in their cars by placing him in the seat and putting the wheelchair in the trunk of their car or dad’s truck. Chuck has enjoyed sports his entire life; his support staff assist him in attending local high school sporting events. Even though Chuck still has vision-impairment, it hasn’t stopped him from hanging out with friends or going where he wants to go. Recently, Chuck started walking with a walker and is hopeful, with more therapy, that one day he will not even need the walker.

My Place Louisiana
Program Eligibility Criteria

People with Developmental Disabilities living in Nursing Facilities and Hospitals

<u>Eligibility Criteria for people with developmental disabilities living in qualified nursing facilities and hospitals:</u>

1. The participant must be of age birth through age eighteen (18).
2. The participant must occupy a licensed, approved, and enrolled Medicaid nursing facility bed for at least 90 days. No maximum term applies.
3. The participant must be Medicaid eligible, eligible for state developmental disabilities services, and meet ICF/DD Level of Care.
4. The participant or his/her authorized representative must provide informed consent for both transition and participation in the demonstration.

In order to assure that participation is person-directed and not provider directed, Louisiana's demonstration will require documented choice of the consumer or authorized representative on the BHSF (Bureau of Health Services Financing) Form LTC/CS (Long Term Care/Choice of Services).

Financial Eligibility Criteria

For

Medicaid Spend-Down and Medically Needy

To get Medicaid, a person has to meet two types of financial eligibility criteria.

1. Asset/resource criteria - This is how much money you have in savings or other valuable items that can be counted as cash value. Your house, car, furniture, or other such items do not count in this category.
   - Resources – Less than $2,000 cash resources available.
2. Income criteria - This is how much money you receive monthly. Income may be from Supplemental Security Income (SSI) a job, or gifts from family members.
   - Income – Up to three times the times SSI amount. For children, income of parents or other family members is not considered as part of the child's income.
   - Needs Allowance – Three times the SSI amount.

There are other eligibility requirements for Medicaid:

- Non-Financial – Meets all Medicaid non-financial requirements (citizenship, residence, Social Security number, etc).
- Other – Same resource, disability, parental deeming, etc. as ICF/DD.

The terms of the above criteria are set by the state and federal government.

If you currently use Medicaid to live in a nursing facility, hospital, or an Intermediate Care Facility for people with Developmental Disabilities (ICF/DD), then you have already been approved as meeting the asset/resource criteria (#1 above). This means you should meet this criteria when transitioning to home and community-based services (HCBS).

However, the income criteria (#2 above) for HCBS are different from that of an ICF/DD, hospital, or nursing facility. You will have to meet the HCBS income criteria to transition into a waiver.

If you are transitioning to the **Children's Choice** or the new **Residential Options Waiver,** the individual's monthly income eligibility limits for 2010 are three times the SSI amount of $674, or $2022.

My Place Louisiana Services Available
For People with Developmental Disabilities

Services available to people with developmental disabilities under My Place Louisiana are contingent upon:
(1) eligibility, either financial or needs-based, and
(2) the 1915(c) waiver option the participant selects.

General State Plan services include, but are not limited to: Acute and Primary Care, Pharmacy, Home Health, Medical Transportation, Durable Medical Equipment, Rehabilitation services (Therapies), and Mental Health services/rehab. For qualifying children, the EPSDT menu of services which include Extended Home Health services, may be used. For children using Children's Choice, PCS services through State Plan are available for those who qualify.

The 1915(c) Children's Choice (ages birth to age 18) waiver offers:

- Support Coordination
- Center-Based Respite
- Environmental Accessibilities Adaptations
- Family Training and Family Support

Children may participate in the Children's Choice waiver up to their 19th birthday, at which time, if they are still eligible for waiver services, they will be transitioned to a developmental disabilities waiver serving adults.

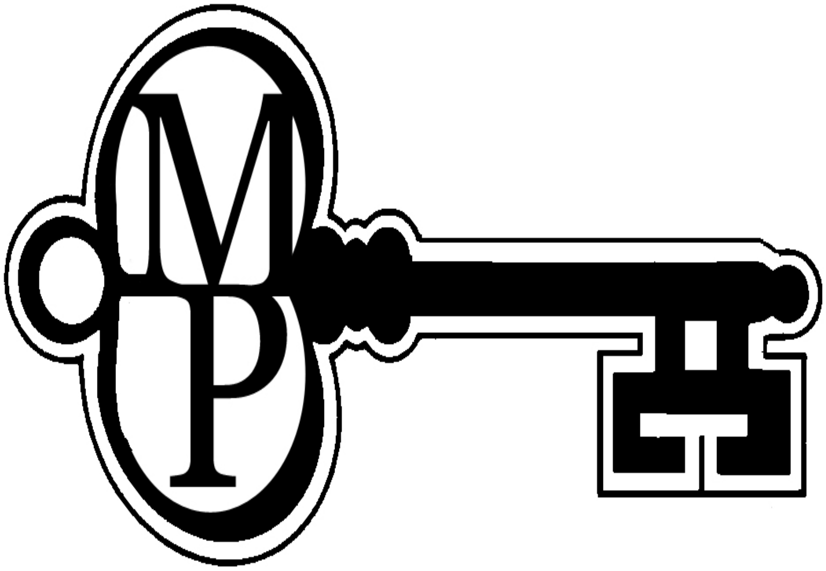
My Place Louisiana Services Available,
continued

During Phase II of My Place Louisiana, the 1915(c) Residential Options Waiver (ROW) is available to My Place Louisiana participants. ROW offers the following services:

- Support Coordination
- One-time transition support of $3,000
- Environmental Accessibility Adaptations
- Specialized Medical Equipment & Supplies
- Assistive Technology Services
- Dental Services
- Personal Emergency Response System (PERS)
- Nursing
- Professional Services menu-Psychology, Clinical Social Worker, Occupational Therapy, Speech Therapy, Physical Therapy, Registered Dietician
- Respite Care Service-Out of Home
- Day Habilitation (with or without transportation)
- Pre-Vocational Services (with or without transportation)
- Supported Employment (with or without transportation)
- Community Living Supports (up to 3 people may share staffing in their own homes)
- Host Home (living in the home of caregivers)
- Companion Care (live in your own home, with a caregiver)
- Shared Living (up to 3 people in a start-up or up to 6 if a converted ICF/DD home)
- Community Access Transportation Service

Moving to the Community

My Place Louisiana for People with Developmental Disabilities living in Nursing Facilities and Hospitals



Locating Community-Based Resources
For People with Developmental Disabilities

The best place to start when locating community-based resources is your local OCDD Regional Office or Human Services District or Authority.

Use the map and the information below to find the office that serves the region in which you live.

Region I Metropolitan Human Services Authority
1001 Howard Ave.,9th Floor, Ste. 916 New Orleans, LA 70113
Phone: 504-599-0245
Fax: 504-568-4660
1-800-889-2975

Region II Capital Area Human Services District
4615 Government St., Baton Rouge, LA 70806
Phone: 225-925-1910
Fax: 225-925-1966
1-866-628-2133

Region III
690 E. First St. Thibodaux, LA 70301
Phone: 504-449-5167
Fax: 504-449-5180
1-800-861-0241

Region IV
214 Jefferson St., Ste. 301 Lafayette, LA 70501
Phone: 337-262-5610
Fax: 337-262-5233
1-800-648-1484

Region V
3501 Fifth St., Ste. C2 Lake Charles, LA 70605
Phone: 337-475-8045
Fax: 337-475-8055
1-800-631-8810

Region VI
429 Murray St., Ste. B Alexandria, LA 71301
Phone: 318-484-2347
Fax: 318-484-2458
1-800-640-7494

Region VII
3018 Old Minden Road, Ste. 1211 Bossier City, LA 71112
Phone: 318-741-7455
Fax: 318-741-7445
1-800-862-1409

Region VIII
122 St. John St., Rm. 343 Monroe, LA 71201
Phone: 318-362-3396
Fax: 318-362-5305
1-800-637-3113

Region IX Florida Parishes Human Services Authority
21454 Koop Drive, Ste. 2-H Mandeville, LA 70471
Phone: 985-871-8300
Fax: 985-871-8303
1-800-866-0806

Region X Jefferson Parish Human Services Authority
3300 W. Esplanade Ave., Ste. 213 Metairie, LA 70002
Phone: 504-838-5357
Fax: 504-838-5400

My child has a disability or needs special health care.
Where do I go to learn how to get the right school services?
Contact the Louisiana Parent Training and Information Center

Did you know that?

- **Your child has a right to educational services through age 21.**
- **You have rights when asking for help from a public school.**
- **You and the school staff are equal in making decisions.**
- **You should be ready to make a plan with the school that is about how your child learns and what your child needs.**
- **The plan should include how the school will support your child in class; in extra school activities and prepare your child to live, work and play in his community.**

There is help from people who have been there. ® LaPTIC

LaPTIC supports parents to know how to ask the school to help your child. We know that parents can be ready to meet with the school and make a plan for the child. **All LaPTIC Education Advocates are parents of children with disabilities.** Iit can be frustrating trying to find the right supports and learning this new way of working with schools. That is why we are here to give support and useful information to guide you as you learn. Our services are free.

LaPTIC provides these free services:

- **Parent to Parent support by phone, e-mail, or in person meeting.** Share your story with someone who's been there and get suggestions for what to do now.
- **Online Training**, see the web site (http://www.laptic.org) for a schedule
- **Newsletters** — "The Exceptional Times," a quarterly newsletter
- **LA Disability Talk** — An e-mail talk list from LaPTIC for people with disabilities, parents, family members, professionals, and other advocates in Louisiana to share information, resources, support.
- **In Person Workshops** on topics to include but are not limited to: IDEA, Creating Effective IEPs, Accommodation and Section 504, Disability Awareness, Preschool Services, Positive Behavior Supports, Bullying, Parenting Skills, Communication Skills, Solving the Employment Puzzle, IFSPs, Preschool Special Education, and Health Care

Learn more by contacting:
Louisiana Parent Training and Information Center (LaPTIC)

A Program of Families Helping Families of Jefferson
201 Evans Road, Building 1, Suite 100, Harahan, LA 70123-5230
1-504-888-9111 (phone); 1-800-766-7736 (toll free); 1-504-888-0246 (fax)
info@laptic.org (e-mail)
Cindy Arceneaux, LaPTIC Director, carceneaux@laptic.org

Self-Advocacy Tips

Steps to Successful Self-Advocacy

Step 1: Define the Problem

- Begin your work by defining the problem and coming up with a clear, concise, and factual issue statement. A clear issue statement will assist you in telling others about the problem and why it's significant. Provide enough information so that the issue can be easily understood but not so much information that people lose interest.

Step 2: Develop an Action Plan

- Now that you have defined the problem, it's important to develop an action plan that will help you work to resolve it. Your action plan should be broken down into manageable steps. Remember to work towards a solution that fits your problem and is achievable.
- You may want to begin by doing some research to find out more information about your issues and the range of options available to you. This will help you set realistic goals that improve your chances of success.
- It's important to know where or with whom you should first raise your issue so that you contact the most appropriate person at the beginning. It is often helpful to start with the decision maker closest to the issue as you work your way through the various levels of decision-making. Don't escalate your issue too soon.

Step 3: Carry Out the Action Plan

- Implementing the action plan will be perhaps the most difficult and stressful part of the process. It will involve putting your issues forward and getting people to listen to you. It will also involve listening to others and negotiating with them to resolve your problem. It is important to be aware of your personal communication style and approach and to remain open and flexible.
- There may be times when you will agree with the other party and come to a decision quickly. At other times you may disagree and reaching a decision will require some work. You may experience negative feelings when you encounter resistance or disagree with others on how to address your problem. However, remember to stay positive and to treat others like you would want to be treated. Do not lose sight of your goals, keeping in mind why your issues should be resolved and how others might also benefit from it. Carrying out your action plan may be stressful, so try to identify in advance who you may turn to for support.

Step 4: Evaluate the Results

- So, it's over and hopefully you were successful. But wait, you are not quite done yet, because it's important to evaluate the process. You should ask yourself the tough questions about what didn't work so well and why it didn't. This critical evaluation of the process can provide you with valuable information that you can incorporate into your next action plan and contribute to positive outcomes in the future.

Basics of Transition Planning

1. Involve your paid and natural supports (family and friends) in your transition decision making process, let them know you would like to move and that you need their help. You may receive assistance from an OCDD staff person or a Support Coordinator working with you.

2. Perform a Self-Assessment — Knowing yourself means knowing your needs and desires. Thinking this through can help you avoid issues that might cause problems if you do not deal with them before you transition to the community. Remember: Examining your needs is not a one-time event, it is an ongoing process.

3. Design Your Transition Plan — You must consider and plan for the following before leaving the institution:

   - **Self Assessment:** Understand your situation, goals, and needs.
   - **Personal Finances and Resources:** Understand your finances and create a realistic budget for you to use after transitioning.
   - **Funding and Benefit Programs:** First, develop a list of your needs. Then seek to learn if there are programs available to help you meet your needs. Finally, decide which program(s) best meets your needs and apply for assistance.
   - **Housing:** Determine how much you can afford to spend for rent and if you need housing assistance. Also, find out if you qualify for and can secure subsidized housing.
   - **Daily Supports for Living Independently:** Determine if you need and qualify for assistive devices or specialized services.
   - **Health Services, Supplies and Equipment:** Will your possible residential choice be too far away from needed medical services? Determine the location of the nearest health care services, doctors, and hospitals. Consider your need for medical equipment and services and how you might get to or receive these services.
   - **Transportation:** Determine how your residential choice is going to impact transportation options, friends and family, or availability of waiver services, such as transportation to your vocational program.
   - **Social, Faith, Recreation:** Understand how important it is to you to become part of your community. Will your residential choice allow you to easily participate in all activities you want to be a part of?
   - **Work/School/Other Activities:** Preventing isolation from family and friends is important to your well being as a healthy and happy person. Be sure your choices allow for easy access to social activities, income earning opportunities, needed medical and other services.

   One final note: A transition plan is only as good as the work that goes into it. To be effective, a transition plan must also be reviewed and revised throughout the transition process.

Myths & Facts: What is it really like to move to the community?

For People with Developmental Disabilities

It's another lady that was out here too that we moved in together. It's a two bedroom apartment, so her and I moved in. I let her move in the two front rooms, and I moved in the two back ones where it would be easier for her to get to the bathroom or to the kitchen.

So I picked the people [staff] that I wanted, and the lady with me picked who she wanted. That made it a lovable place to live.

It's quiet here. And you can go lay down when you want. You can go anyplace you want. They're [staff are] always willing.

I sure do; I love it a lot.

Quotes from Georgia who lives in her own apartment using waiver services

We talked to people who moved from ICFs/DD, group homes, and Supports and Services Centers to community-based living settings. Here is what they said:

> *I like the food in my new home. I get to help fix the meal and can decide what I'm going to eat.*
>
> *I like having my own bedroom.*
>
> *I like having my own place and doing things I want to do when I want to.*
>
> *I like sharing my apartment with a friend.*
>
> *My neighbors were shy at first. They were not sure about me living next door. But now we're friends.*
>
> *My neighbor brought me a casserole when I moved in.*

Myths & Facts: What is it really like to move to the community? continued

For People with Developmental Disabilities

People who moved to the community reported involvement in a variety of **community activities** such as movies, shopping, library, church, fairs, etc. One person reported that "we still get some stares" when in the community, but nothing particularly upsetting has occurred.

Some people choose to **work**. There are jobs in the community, but it is still a challenge to find a job that pays a competitive wage. Often, people with disabilities work for less than minimum wage.

Transportation presented few problems. Staff were permitted to use their own cars for transportation. A staff member working with a person reported that public transportation was available, but not needed so far. In some areas of the state the new Medicaid Friends and Families program is available as a transportation resource.

> Transportation for people who use wheelchairs can sometimes be limited for everyday activities. Wheelchair-accessible transportation is provided through Medicaid for doctors' appointments.

Medical services can be hard to organize because some physicians are not taking new Medicaid patients, and some will not serve people with special needs.

Dental services are also sometimes hard to organize because dentists may not be willing to provide appropriate procedures that are affordable. OCDD offers some help in accessing dental services.

Staff working in community living options report that they like their jobs better than when they were working in a larger institutional setting.

- Staff overwhelmingly reported liking their community assignments.
- They have more one-to-one time with people and can get to know them and their families.
- They note improvements in people's learning, health, mobility, and fewer falls.
- Staff is more motivated.
- There is less use of mandatory overtime.

Staff job satisfaction contributes to the overall well-being of a service recipient and helps with continuity of care.

Quality Management and Safety in the My Place Louisiana Program

For People with Developmental Disabilities

If you choose to move using My Place Louisiana, you will be included in the OCDD home and community-based services quality management system for people who use waiver services.

OCDD staff work with you and your family, your support coordinator, and your providers to make sure that you are healthy and safe. Some of the ways they do that are:

- Looking at your service plan to make sure it is completed properly and is up-to-date
- Looking at whether or not you are getting services in your plan. And if not, working with your support coordinator to get those services
- Making sure that your providers meet current licensing and certification requirements
- Working with your providers to improve the way they deliver services to you
- Ensuring that your plan is updated when your needs change, so your services can best meet your needs
- Monitoring and correcting issues related to complaints and critical incidents
- Following state laws related to reporting abuse and neglect
- Tracking and trending incidents to help make sure they don’t happen again

Your support coordinator and providers will work with you to resolve any concerns you may have about your services or your well-being.

At any time, you may also report these issues to OCDD. OCDD has a policy on reporting and resolving abuse and neglect (Appendix-C) and a policy on reporting and resolving complaints (Appendix–D).

Appendices

My Place Louisiana Participant Information Booklet for People with Developmental Disabilities in Nursing Facilities and Hospitals

A. Rights and Responsibilities in OCDD Waivers

B. DHH Notice of Privacy Practices — Information Sheet

DHH Notice of Privacy Practices

C. DHH Abuse/Neglect Policy — Information Sheet

D. OCDD Complaint Policy— Information Sheet

E. Informed Consent Form

F. Informed Consent Signature Page

G. Legally Authorized Representative Support Form

H. Request to Assign

I. Authorization to Release or Obtain Health Information

Appendix A: Rights and Responsibilities in OCDD Waivers

Office for Citizens with Developmental Disabilities/ Waiver Supports and Services

Rights and Responsibilities for Individuals Requesting Home and Community-Based Waiver Services

These are your **rights** as an individual requesting Home and Community-Based Waiver Services:

- To be treated with dignity and respect.

- To participate in and receive person-centered, individualized planning of supports and services.

- To receive accurate, complete, and timely information that includes a written explanation of the process of evaluation and participation in a Home and Community-Based Waiver, including how you qualify for it and what to do if you are not satisfied.

- To work with competent, capable people in the system.

- To file a complaint, grievance, or appeal with a support coordination agency, direct service provider, or the Department of Health and Hospitals regarding services provided to you if you are dissatisfied. Please call our Help Line at 1-800-660-0488.

- To have a choice of service/support providers when there is a choice available.

- To receive services in a person-centered way from trained competent caregivers.

- To have timely access to all approved services identified in your Comprehensive Plan of Care (CPOC).

- To receive in writing any rules, regulations, or other changes that affect your participation in a Home and Community-Based Waiver.

- To receive information explaining support coordinator and direct service provider responsibilities and requirements in providing services to you.

- To have all available Medicaid services explained to you and how to access them **if you are a Medicaid recipient.**

Appendix A: Rights and Responsibilities in OCDD Waivers, continued

Rights and Responsibilities for Individuals Requesting Home and Community-Based Waiver Services

Your **responsibilities** as an individual requesting Home and Community-Based Waiver Services include the following:

- To actively participate in planning and making decisions on supports and services you need.
- To cooperate in planning for all the services and supports you will be receiving.
- To refuse to sign any paper that you do not understand or that is not complete.
- To provide all necessary information about yourself. This will help the support coordinator to develop a Comprehensive Plan of Care (CPOC) that will determine what services and supports you need.
- To not ask providers to do things in a way that are against the laws and procedures they are required to follow.
- To cooperate with the Office for Citizens with Developmental Disabilities/Waiver Supports and Services (OCDD/WSS) staff and your support coordinator by allowing them to contact you by phone and visit with you at least quarterly. Necessary visits include an initial in-home visit in order to gather information and complete an assessment of needs, regular quarterly visits at the location of your choice to assure your plan of care is sufficient to meet your needs, and visits resulting from complaints to OCDD/WSS, and visits needed to assure the services as reported by your provider are being received.
- To immediately notify the support coordinator and direct service provider who works with you if your health, medications, service needs, address, phone number, alternate contact number, or your financial situation changes.
- To help the support coordinator to identify any natural and community supports that would be of assistance to you in meeting your needs.
- To follow the requirements of the program, and if information is not clear, ask the support coordinator or direct service provider to explain it to you.

Appendix A: Rights and Responsibilities in OCDD Waivers, continued

Office for Citizens with Developmental Disabilities/ Waiver Supports and Services

Rights and Responsibilities for Individuals Requesting Home and Community-Based Waiver Services

Your **responsibilities** as an individual requesting Home and Community-Based Waiver Services include the following (continued):

- To verify you have received the waiver and medical services the provider says you have received, including the number of hours your direct care provider works, and report any differences to your support coordinator and the OCDD/ WSS Help Line at 1-800-660-0488.
- To obtain assessment information /documentation requested by your support coordinator or service provider that is required for accessing the services that you are requesting, i.e. BHSF Form 90-L “Request for Level of Care Determination”, 1508 Evaluation/Update, IEP, etc.
- To understand that all waiver programs have an age requirement and that they will not be offered services in a program that they previously requested if they no longer meet the age requirement for that program.
- To understand as a recipient of the waiver program, if you fail to receive waiver services for thirty (30) calendar days or more your waiver case may be closed.
- The thirty (30)-day continuity of stay rule does not apply to hospital days.
- To request different waiver services if you no longer meet any of the criteria as outlined on the waiver fact sheet that you received.

Appendix B. DHH Notice of Privacy Practices

Information Sheet

Purpose The Louisiana Department of Health and Hospitals (DHH) provides many types of services. DHH staff must collect information about individuals to provide these services. DHH knows that information it collects about individuals' health is private. DHH is required to protect this information by Federal and State law. DHH refers to this information as "protected health information" (PHI).

Notice of Privacy Practices This Notice of Privacy Practices tells you how DHH may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. DHH is required to follow the terms of the notice currently in effect. However, DHH may change its privacy practices and make that change effective for all PHI maintained by the Department. The effective date of this Notice of Privacy Practices is April 14, 2003.

Written Notice Required For other situations, DHH will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. DHH cannot take back any uses or disclosures already made without your authorization.

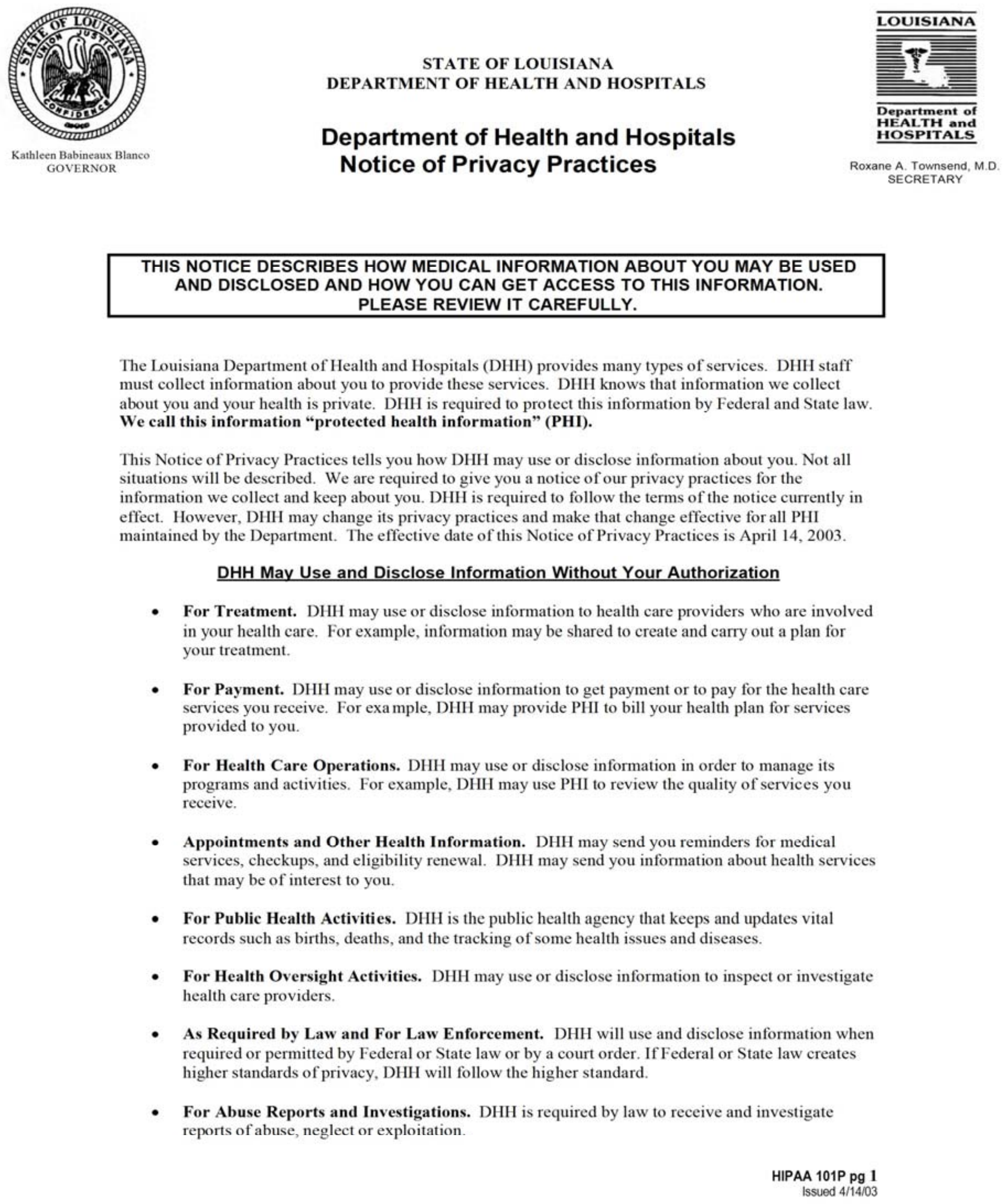
Other Laws Impacting Privacy Many DHH programs have other laws for the use and disclosure of information about you. For example, your written authorization may be needed for DHH to use or disclose your mental health or chemical dependency treatment records.

Finding Out More or to Discuss Privacy Issues You may review DHH privacy practices policies by going to the DHH Website at www.dhh.louisiana.gov and looking for the Privacy Policy link at the bottom of the Website. If you want to talk to someone about privacy issues you should contact your local OCDD Regional Office or Human Services District or Authority with contact information provided on page 17 of this booklet.

Privacy and Confidentiality in the Demonstration A Medicaid demonstration is a research project. Your personal information will be included in the state's demonstration program records. These records will be used for research purposes; however your name, other identifying information and specified health data will not be released. This information, like all of your health information, is privacy protected by state and federal law.

Your personal information will be part of the "protected health information" (PHI) about you that is collected by DHH. Your information is private, and DHH is required by Federal and State law to protect it. You will be given a copy of DHH's Notice of Privacy Practices, which contains general information about how DHH may use or disclose your PHI. By signing this Informed Consent Form, you will be acknowledging that you have received a copy of the Notice of Privacy Policies.

Appendix B. DHH Notice of Privacy Practices



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

LOUISIANA
Department of
HEALTH and
HOSPITALS

Roxane A. Townsend, M.D.
SECRETARY

Department of Health and Hospitals
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Louisiana Department of Health and Hospitals (DHH) provides many types of services. DHH staff must collect information about you to provide these services. DHH knows that information we collect about you and your health is private. DHH is required to protect this information by Federal and State law. **We call this information "protected health information" (PHI).**

This Notice of Privacy Practices tells you how DHH may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. DHH is required to follow the terms of the notice currently in effect. However, DHH may change its privacy practices and make that change effective for all PHI maintained by the Department. The effective date of this Notice of Privacy Practices is April 14, 2003.

DHH May Use and Disclose Information Without Your Authorization

- **For Treatment.** DHH may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** DHH may use or disclose information to get payment or to pay for the health care services you receive. For example, DHH may provide PHI to bill your health plan for services provided to you.
- **For Health Care Operations.** DHH may use or disclose information in order to manage its programs and activities. For example, DHH may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** DHH may send you reminders for medical services, checkups, and eligibility renewal. DHH may send you information about health services that may be of interest to you.
- **For Public Health Activities.** DHH is the public health agency that keeps and updates vital records such as births, deaths, and the tracking of some health issues and diseases.
- **For Health Oversight Activities.** DHH may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** DHH will use and disclose information when required or permitted by Federal or State law or by a court order. If Federal or State law creates higher standards of privacy, DHH will follow the higher standard.
- **For Abuse Reports and Investigations.** DHH is required by law to receive and investigate reports of abuse, neglect or exploitation.

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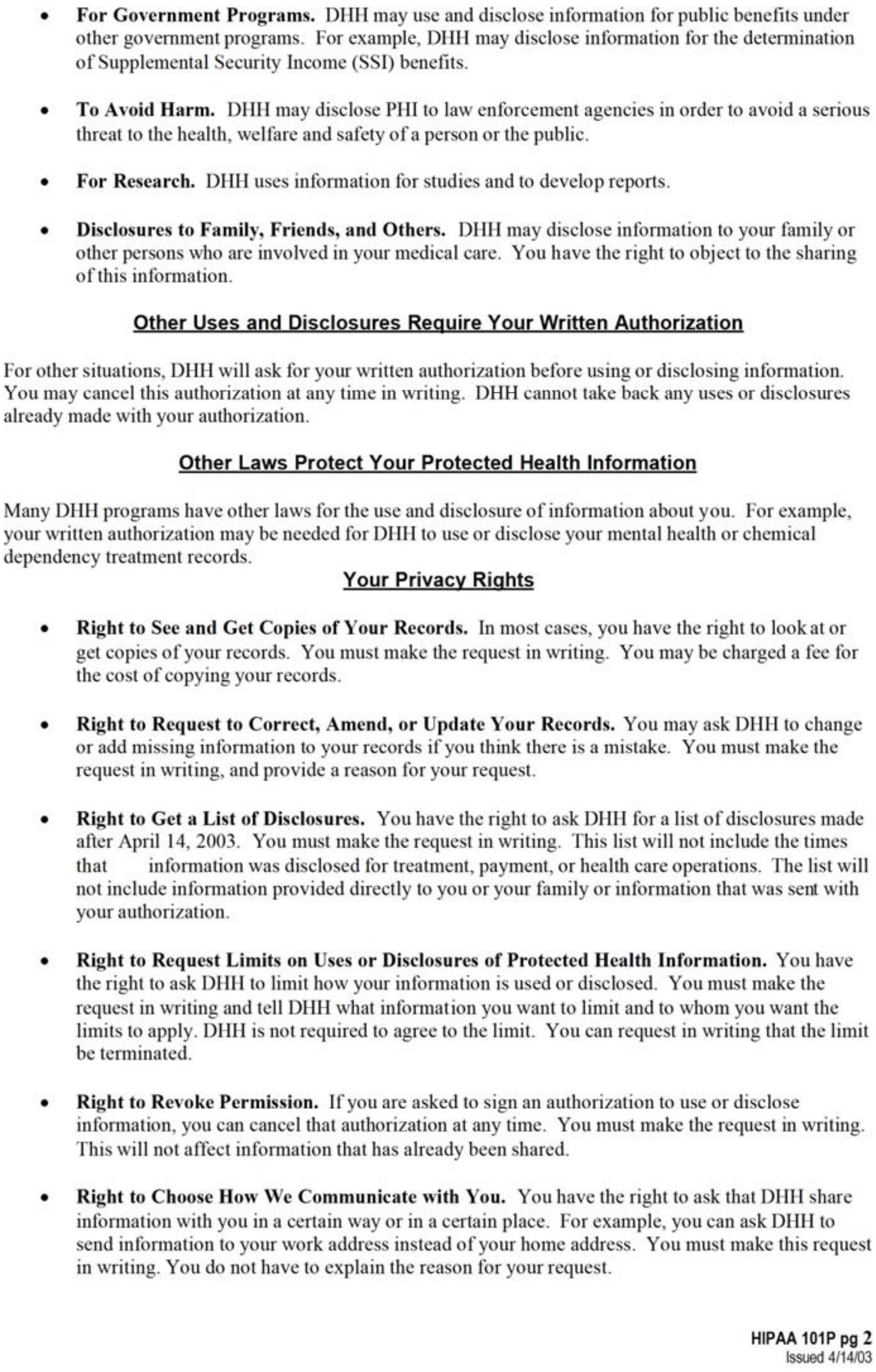
Issued 4/14/03

Appendix B. DHH Notice of Privacy Practices,



- **For Government Programs.** DHH may use and disclose information for public benefits under other government programs. For example, DHH may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** DHH may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.
- **For Research.** DHH uses information for studies and to develop reports.
- **Disclosures to Family, Friends, and Others.** DHH may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization

For other situations, DHH will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. DHH cannot take back any uses or disclosures already made with your authorization.

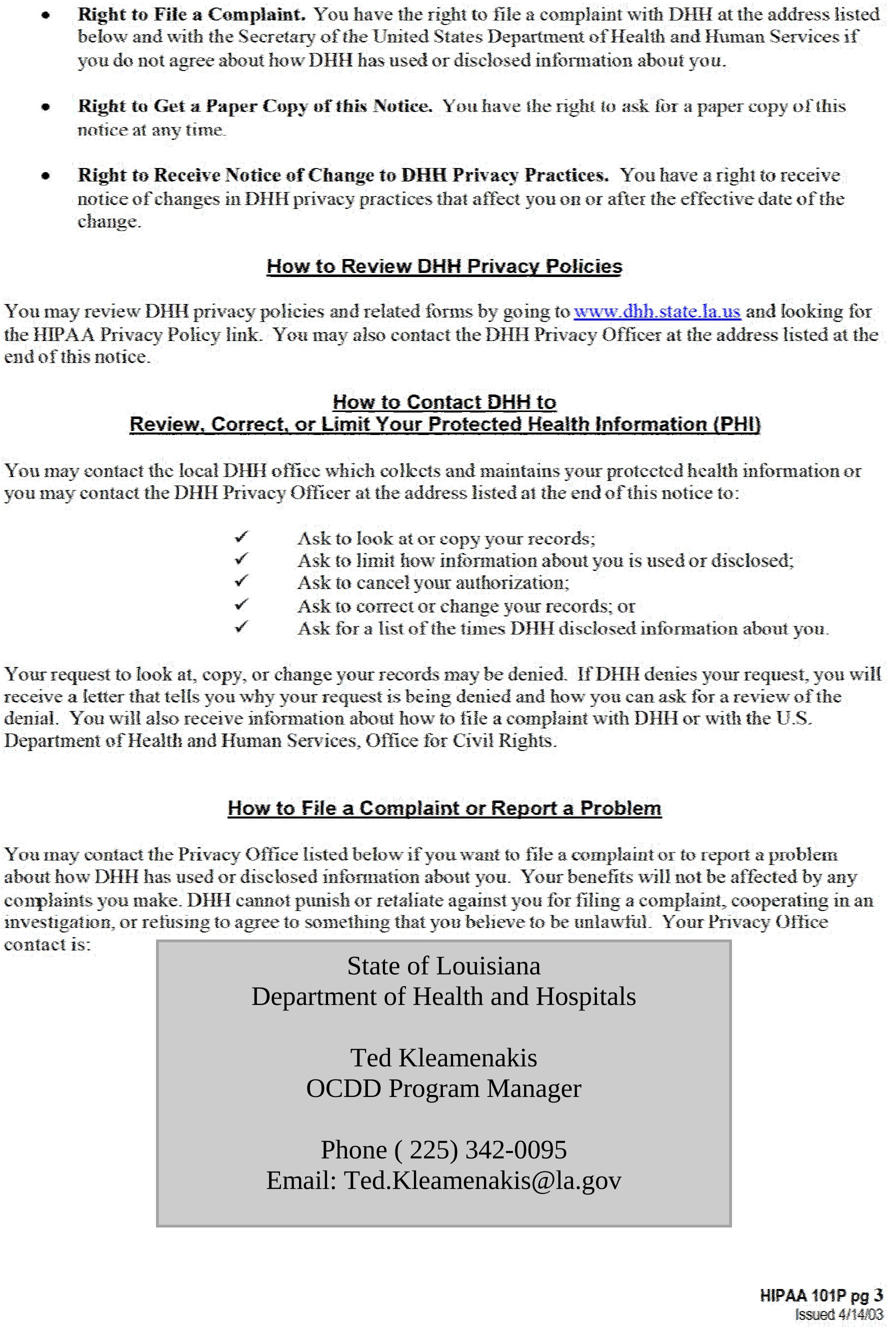
Other Laws Protect Your Protected Health Information

Many DHH programs have other laws for the use and disclosure of information about you. For example, your written authorization may be needed for DHH to use or disclose your mental health or chemical dependency treatment records.

Your Privacy Rights

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct, Amend, or Update Your Records.** You may ask DHH to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask DHH for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of Protected Health Information.** You have the right to ask DHH to limit how your information is used or disclosed. You must make the request in writing and tell DHH what information you want to limit and to whom you want the limits to apply. DHH is not required to agree to the limit. You can request in writing that the limit be terminated.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that DHH share information with you in a certain way or in a certain place. For example, you can ask DHH to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.

Appendix B. DHH Notice of Privacy Practices,



- **Right to File a Complaint.** You have the right to file a complaint with DHH at the address listed below and with the Secretary of the United States Department of Health and Human Services if you do not agree about how DHH has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to DHH Privacy Practices.** You have a right to receive notice of changes in DHH privacy practices that affect you on or after the effective date of the change.

How to Review DHH Privacy Policies

You may review DHH privacy policies and related forms by going to www.dhh.state.la.us and looking for the HIPAA Privacy Policy link. You may also contact the DHH Privacy Officer at the address listed at the end of this notice.

How to Contact DHH to Review, Correct, or Limit Your Protected Health Information (PHI)

You may contact the local DHH office which collects and maintains your protected health information or you may contact the DHH Privacy Officer at the address listed at the end of this notice to:

- ✓ Ask to look at or copy your records;
- ✓ Ask to limit how information about you is used or disclosed;
- ✓ Ask to cancel your authorization;
- ✓ Ask to correct or change your records; or
- ✓ Ask for a list of the times DHH disclosed information about you.

Your request to look at, copy, or change your records may be denied. If DHH denies your request, you will receive a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with DHH or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint or Report a Problem

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how DHH has used or disclosed information about you. Your benefits will not be affected by any complaints you make. DHH cannot punish or retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy Office contact is:

State of Louisiana
Department of Health and Hospitals

Ted Kleamenakis
OCDD Program Manager

Phone (225) 342-0095
Email: Ted.Kleamenakis@la.gov

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Issued 4/14/03

Appendix C. DHH Abuse/Neglect Policy
Information Sheet

Purpose To establish a policy prohibiting abuse, neglect, exploitation, or extortion (thereafter termed abuse) of clients and to establish procedures for reporting, investigating, reviewing, and resolving alleged incidents of abuse.

Definitions

Abuse—"Infliction of physical or mental injury on an adult or other parties" [La R. S. 14:403.2 (Adult Protective Services Law) or "seriously endanger the physical, mental, or emotional health and safety of a child" (La. Children's Code Article 603) are defined in these laws. A complete copy of the DHH Abuse/ Neglect Policy will be provided to you by your Support Coordinator when you sign your waiver documents.
Client—Any person receiving services from DHH or affiliate of DHH.
Accused—Any person accused of abuse, neglect, or exploitation of a client.
Resolution— To bring a complaint about abuse to a successful conclusion with the complainant satisfied with the explanation/clarification provided, the action(s) taken, or the referral to another agency for resolution.

How to Report a Case of Abuse or Neglect

Louisiana law mandates reporting of abuse and provides that persons who report in good faith have immunity from liability (unless they are themselves involved in the abuse). Report abuse or neglect to your:

- Support Coordinator or
- Local OCDD Regional Office or Human Services District or Authority.

Contact information for a local OCDD Regional Office or Human Services District or Authority is provided on page 17 of this booklet.

Responses to Incidents

DHH has a number of procedures and polices that govern abuse and neglect reports and how they should be investigated.

Abuse/Neglect Data

Abuse/Neglect data is used by DHH to identify trends and patterns of problems and to make systemic changes to better meet the needs of people served by the Department of Health and Hospitals.

Appendix D. OCDD Customer Complaint Policy

Information Sheet

Goal It is the policy of the OCDD to document, review and resolve customer complaints. A complete copy of the of the OCDD Customer Complaint Policy (#602) will be provided to you by your Support Coordinator when you sign your waiver documents.

Definitions

Customer - Any person, who inquires about, applies for and/or receives services, as well as his or her family/direct service provider/support coordination agency.
Complaint – Any written or verbal statement expressing concern or dissatisfaction, which calls for resolution.
Resolution - To bring a complaint to a successful conclusion with the complainant satisfied with the explanation/clarification provided, the action(s) taken, or the referral to another agency for resolution.

How to Record a Complaint

A customer or a customer's family member may call, write, fax, email or come to any local OCDD Regional Office or Human Services District or Authority to file a complaint. Contact information for a local OCDD Regional Office or Human Services District or Authority is provided on page 28 of this booklet. A complainant can elect to remain anonymous.

Responses to Complaint

Local OCDD offices will:

- Begin a review and follow-up of a complaint will begin within two business days;
- Enter the complaint into OCDD Complaint Data Tracking module within five business days of the complaint;
- Attempt to resolve the complaint within thirty (30) calendar days of receipt of the complaint unless an extension is granted.

Complaint Data

Complaint data is used by OCDD to identify trends and patterns of problems and to make systemic changes to better meet the needs of people with developmental disabilities.

Appendix E. Informed Consent

Informed Consent to Participate in the Louisiana Money Follows the Person (MFP) Rebalancing Demonstration

You are being asked to participate in the Louisiana Money Follows the Person (MFP) Rebalancing Demonstration. You may have heard of this as *My Place* or *My Place Louisiana*.

The MFP Rebalancing Demonstration is a Medicaid demonstration program. Demonstrations help states to try new ways of delivering Medicaid services. This Demonstration will help you to move from an institution into a community-based living setting, such as a home or an apartment. The move is called a "transition." Information about your transition will help us to improve the long-term care system and transition process for others who want to move from institutions.

Louisiana Medicaid is participating in the Demonstration with 29 other states and the District of Columbia. The Demonstration will run from May 1, 2007 through September 30, 2016. However, if you participate in the Demonstration, you will continue to receive services through the Medicaid program for as long as you need the services and are eligible to receive the services.

Through September 30, 2016, the state will identify people who live in institutions and want to transition using the Demonstration. Participation is limited to approximately 760 people statewide.

The Demonstration will support Louisiana's efforts to:

a) Offer individuals using long-term care services a choice of where they live and receive services
b) Transition individuals from institutions who want to live in the community
c) Promote a strategic approach to administration of the long-term care system that includes quality management in both community-based settings and institutions

To be eligible to transition through the Demonstration, you must have been a resident in a qualified institution (nursing facility, ICF/DD, or hospital) for at least 90 days, and you must meet criteria established in Louisiana's MFP Rebalancing Demonstration Operational Protocol.

As a Demonstration participant, you will use the Demonstration to access services needed to live in the community. You will be offered an opportunity to enroll in an appropriate waiver option and state plan service(s). There will be no wait for waiver services. Services and supports are intended to sustain a successful transition. Thus, the Demonstration will offer a well-rounded service package to assist you to stay in the community.

Appendix E. Informed Consent,
continued

The first 12 months of services after transition are called the "Demonstration Period." After the Demonstration Period, services will continue uninterrupted for as long as you need the community services and are eligible to receive the services. The community services offered are approved Medicaid programs that are used by other people regularly. This means that the services will continue after the Demonstration Period and past the 2016 end to the Demonstration program.

This is a consent form. It outlines details regarding the MFP Rebalancing Demonstration. Once you have had a chance to review the details of this program, you will be asked to sign this form if you wish to enter the Demonstration as a participant.

You will be provided a copy of this form to keep for reference. A copy of this form will be available to the Centers for Medicare & Medicaid Services (Baltimore, MD). The original will be filed in the Louisiana Department of Health and Hospitals headquarters in Baton Rouge.

Purpose of the MFP Rebalancing Demonstration

The purpose of the Demonstration is to provide financial and programmatic support to transition people from institutions to the community. In doing so, the Demonstration will measure the effectiveness of the program, including how transition impacts participants' quality of life.

Your Involvement in the Process

Participants' role includes:

- Provide informed consent for both participation in the Demonstration and transition to a qualified home and community based service option(s);
- Complete Medicaid financial eligibility requirements;
- Complete level of care requirements for the service you would like to access;
- Verify or provide records and information as needed;
- Participate in transition planning;
- Participate in pre-transition and annual quality of life surveys; and
- Live in a "qualified residence" for the 365 day demonstration period (e.g. family home, your own home, an apartment, shared living home of 4 persons or fewer living together, adult residential care).

Appendix E. Informed Consent, continued

Participant responsibilities include:

1. You will be asked to be an active part of both planning your move and coordinating your supports and services after your move.
   - This involvement will take time and effort, both from you and any family members or friends helping you.
   - You may have to learn some new things to understand the move planning process and the service(s) you will use after you move.
   - You will have to attend meetings about your move.
   - You will have to work closely with your Support Coordinator and/or Provider to let him/her know what your needs are. You will have to answer questions about your life, how you feel about things, and what you like to do.

2. You will have to complete the informed consent process for the service you choose. This will outline any rights and responsibilities you may have as a consumer of that service.

3. You will be asked to participate in an annual quality of life survey for 3 years. This survey will ask questions about your life. The survey usually takes about half an hour to complete but could take longer, depending on responses.

Important Consideration for Participants in the Demonstration

There may come a point when your needs cannot be met with the community-based services available to you through the Demonstration. Your Support Coordinator and/or Provider and others will work with you to do as much as possible to meet your needs. However, if your health and safety cannot be assured, you will be discharged from the program and referred for admission to an appropriate institution. There is no guarantee that you will be able to return to the institution or provider originally serving you.

Benefits to You

The MFP Rebalancing Demonstration provides an opportunity to move from an institution directly to a waiver or state plan option. Many people sign up on waiting lists for waiver services. If you qualify for the MFP Rebalancing Demonstration, you will not have to wait for waiver services.

Use of waiver and/or state plan options gives you a choice of where you live.

Use of waiver and/or state plan options gives you a choice of how you receive services.

Appendix E. Informed Consent,
continued

Services can be changed as your needs change. Community-based services are focused on what you need, not what a provider wants to or has to offer you.

Alternatives to Participation in MFP Rebalancing Demonstration Transition

You may remain in the nursing facility, hospital, or ICF/DD. There will be no change in your current services as a result of this discussion.

You may apply to be listed on the appropriate Request for Services Registry for any waiver option of your choice.

- If already listed on the OAAS Registry, you may receive an offer for the Elderly and Disabled Adult Waiver (adults with physical disabilities and elders).
- If already listed on the OCDD Registry, you may receive an offer for the Residential Options Waiver (developmental disabilities).

Both of these waivers have targeted capacity for people transitioning from institutions.

- If on the OCDD Registry for a while, you may receive an offer for a Children's Choice or New Opportunities Waiver (developmental disabilities).

You may request eligibility determination for one or more state plan services.

You may request eligibility determination for OCDD State Funded services.

Financial Obligation

There will be cost-sharing responsibility in the Adult Residential Care Waiver, whether the participant is in the Demonstration or not. This information is provided on the waiver fact sheet. There may be cost-sharing responsibility for pharmacy services through Medicaid. Co-payments ($0.50-$3.00) are required except for some recipient categories. Exceptions include recipients under age 21, pregnant women, or people in long-term care facilities. Recipients who are full benefit dual eligible (Medicare/Medicaid) receive their pharmacy benefits through Medicare Part D. Thus, the Medicaid co-payment does not apply.

For all other services, you will not be charged or incur any cost to participate in the MFP Rebalancing Demonstration.

Appendix E. Informed Consent,
continued

Privacy and Confidentiality

A Medicaid Demonstration is a research project. Your personal information will be included in the state's Demonstration program records. These records will be used for research purposes; however, your name, other identifying information (e.g., your Medicaid ID, social security number, birth date), and specific health data will not be released.

Your personal information will be part of the "protected health information" (PHI) about you that is collected by DHH. Your information is private and DHH is required by Federal and State law to protect it. You will be given a copy of DHH's Notice of Privacy Practices, which contains general information about how DHH may use or disclose your PHI. By signing this Informed Consent Form, you will be acknowledging that you have received a copy of the Notice of Privacy Practices.

Appendix F. Participant Signature Form

Informed Consent to Participate in the
Louisiana Money Follows the Person (MFP) Rebalancing Demonstration

PARTICIPANT SIGNATURE FORM

Purpose:
You are being asked to participate in the Louisiana Money Follows the Person (MFP) Rebalancing Demonstration (*My Place Louisiana*), a Medicaid program. The Demonstration will go on from May 1, 2007 through September 30, 2016. Eligibility for transition through the Demonstration is dependent upon residence in a qualified institution (nursing facility, ICF/DD, or hospital) and meeting criteria established in Louisiana's Operational Protocol.

This Demonstration will help you to move from an institution into a home and community-based living setting, such as a home or apartment. The move is called a "transition."

You will use the Demonstration to access services needed to live in the community. The state will use special funding for the first 12 months of services after transition. These 12 months are called the "Demonstration Period." After the Demonstration Period, your services will continue uninterrupted for as long as you need community services and remain Medicaid eligible.

This is a consent form. It gives details regarding the Louisiana Money Follows the Person (MFP) Rebalancing Demonstration. You are asked to sign this form if you wish to participate in the demonstration. Upon signing this form, you will be provided a copy of this form to keep in your records for reference.

Signature of Medicaid Recipient
I have read and understand the information provided above. I have been given an opportunity to ask questions. All of my questions have been answered to my satisfaction. I have been given a copy of this form as well as a copy of DHH's Notice of Privacy Practices.

By signing this form, I willingly agree to participate in the Louisiana MFP Rebalancing Demonstration (*My Place Louisiana*) by:

1. Moving from the institution where I am living to a "qualified residence".
2. Choosing a qualified home and community-based service option that is a part of the Demonstration.
3. Sharing my information during the move planning process and after.

I understand that the state will keep protected Demonstration program records for years 2007 through 2016 that will include identifying information about me and the Medicaid services I use.

___________________________________ ________________________________ _______________
Signature of Participant Print Name Date of Signature

___________________________________ ________________________________ _______________
Signature of Legally Authorized Representative Print Name Date of Signature

Relationship to Participant (if signed by Legally Authorized Representative): ________________________

Complete Legally Authorized Representative Support Form

___________________________________ ________________________________ _______________
Signature of Witness ***(required)*** Print Name Date of Signature

Complete this form and within one business day fax a copy (225.342.8823) and mail the original to
Faimon Roberts, My Place Program Manager, DHH-OCDD, P.O. Box 3117, Bin #21, Baton Rouge, LA 70821

Appendix F. Participant Signature Form

Informed Consent to Participate in the Louisiana Money Follows the Person (MFP) Rebalancing Demonstration

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3. Sharing my information during the move planning process and after.

I understand that the state will keep protected Demonstration program records for years 2007 through 2016 that will include identifying information about me and that Medicaid services I use.

______________________	______________________	__________
Signature of Participant	Print Name	Date of Signature
______________________	______________________	__________
Signature of Legally Authorized Representative	Print Name	Date of Signature

Relationship to Participant (if signed by Legally Authorized Representative): ____________________

Complete Legally Authorized Representative Support Form

______________________	______________________	__________
Signature of Witness ***(required)***	Print Name	Date of Signature

Complete this form and leave with participant or Legally Authorized Representative.

Appendix G. Legally Authorized Representative

Informed Consent Participate in the
Louisiana Money Follows the Person (MFP) Rebalancing Demonstration

LEGALLY AUTHORIZED REPRESENTATIVE SUPPORT FORM

Purpose:
This form is intended to verify that family members and guardians with decision-making power have discussed moving through the Demonstration program with the participant (your family member or friend in the institution), other family members/ friends, facility staff, DHH staff, or others.

It is very important that the decision to move from a nursing facility, hospital, or ICF/DD is made mutually, with you and the participant who is using Medicaid services.

It is also important that you have a full understanding of what will happen during the move planning, the actual move, and after the move. As the official decision-maker, you have a role in helping to plan for services, approving the plan, and being available for important decisions after the move.

Please take a few minutes to answer the questions below. It will help us to provide you with the support you may need as a legally authorized representative for a person participating in the demonstration.

Signature: ____ Print Name: ____________________________________

You represent: ____

1. Have you discussed moving from the institution (transition) **before** hearing about the demonstration?

YES / NO Who did you talk to about moving? ____

2. Have you discussed moving (transitioning) **using the demonstration** with:

A. The participant (your family member or friend in the institution)	YES / NO
B. Other family members/ friends	YES / NO
C. Facility staff	YES / NO
D. The Ombudsman	YES / NO
E. OCDD staff	YES / NO
F. OAAS staff	YES / NO
G. Other DHH staff	YES / NO
H. Someone else:___________________________________	YES / NO

3. How often do you touch base with your family member or friend in the institution?

☐once a week ☐at least once every three months ☐at least once a year

☐at least once a month ☐at least once every six months ☐don’t have contact

4. When was the last time you spoke to or visited your family member or friend? (Give an approximate date, time, or event you may have attended.) ____

5. Are there any barriers that keep you from touching base? (Examples: long distance phone calling, no transportation, too far to travel, your health) ________________________ ____

Complete this form and within one business day fax a copy (225.342.8823) and mail the original to
Faimon Roberts, My Place Program Manager, DHH-OCDD, P.O. Box 3117, Bin #21, Baton Rouge, LA 70821

Appendix G. Legally Authorized Representative

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It is very important that the decision to move from a nursing facility, hospital, or ICF/DD is made mutually, with you and the participant who is using Medicaid services.

It is also important that you have a full understanding of what will happen during the move planning, the actual move, and after the move. As the official decision-maker, you have a role in helping to plan for services, approving the plan, and being available for important decisions after the move.

Please take a few minutes to answer the questions below. It will help us to provide you with the support you may need as a legally authorized representative for a person participating in the demonstration.

Signature: ____ Print Name: ____________________________________

You represent: ____

1. Have you discussed moving from the institution (transition) **<u>before</u>** hearing about the demonstration?

YES / NO Who did you talk to about moving? ____

2. Have you discussed moving (transitioning) **<u>using the demonstration</u>** with:

A. The participant (your family member or friend in the institution)	YES / NO
B. Other family members/ friends	YES / NO
C. Facility staff	YES / NO
D. The Ombudsman	YES / NO
E. OCDD staff	YES / NO
F. OAAS staff	YES / NO
G. Other DHH staff	YES / NO
H. Someone else:___________________________________	YES / NO

3. How often do you visit or talk with your family member or friend in the institution?

☐once a week ☐at least once every three months ☐at least once a year
☐at least once a month ☐at least once every six months ☐don’t have contact

4. When was the last time you spoke to or visited your family member or friend? (Give an approximate date, time, or event you may have attended.) ____

5. Are there any barriers that keep you from visiting or talking with your family member or friend? (Examples: long distance phone calling, no transportation, too far to travel, your health) ___________________________________
____

Duplicate: Complete this form and leave with participant or Legally Authorized Representative.

Appendix H. Request to Assign Form

OCDD/My Place: Request to Assign

Children's Choice (CC), Residential Options Waiver (ROW), or New Opportunities Waiver (NOW)

My Place Participant --MFP Demonstration

Facility Name:	**Regional Administrative Unit**
Facility Address	**RAU Staff Name/ Title Completing Form:**
Individual's Name:	**RAU Staff Phone and Fax Numbers: ( )** **Phone /Fax**
Social Security Number:	**RAU Staff E-Mail Address:**
Date of Birth:	☐**Waiver Choice?** **Children's Choice ____ ROW ____ NOW _____**

Legal Status: (If other than Competent Major or child under 18 with parent, appropriate forms must be attached)

_____ **Competent Major** _____ **Interdicted (copy of Legal Document enclosed for adults)**

_____ **Authorized Representative (Notarized OCDD-AR-100 attached)**

_____ **In DHH Custody (Copy of the Court Order/Commitment Papers)**

_____ **Person Legally Responsible to sign and act on the individual's behalf:**____________________________

_____ **Minor (Signature of the Legally Authorized Representative required below)**

Name	**Signature:**
Address:	
Office Phone #	**Fax #:**
Cell Phone #	**Home Phone #:**

DHH Regional Administrative Unit in which Individual will reside after discharge:

Date of Request by Designee: **MFP Program Manager Approval (Sign and Date)**

Date Received by SRI:

SRI Approval:

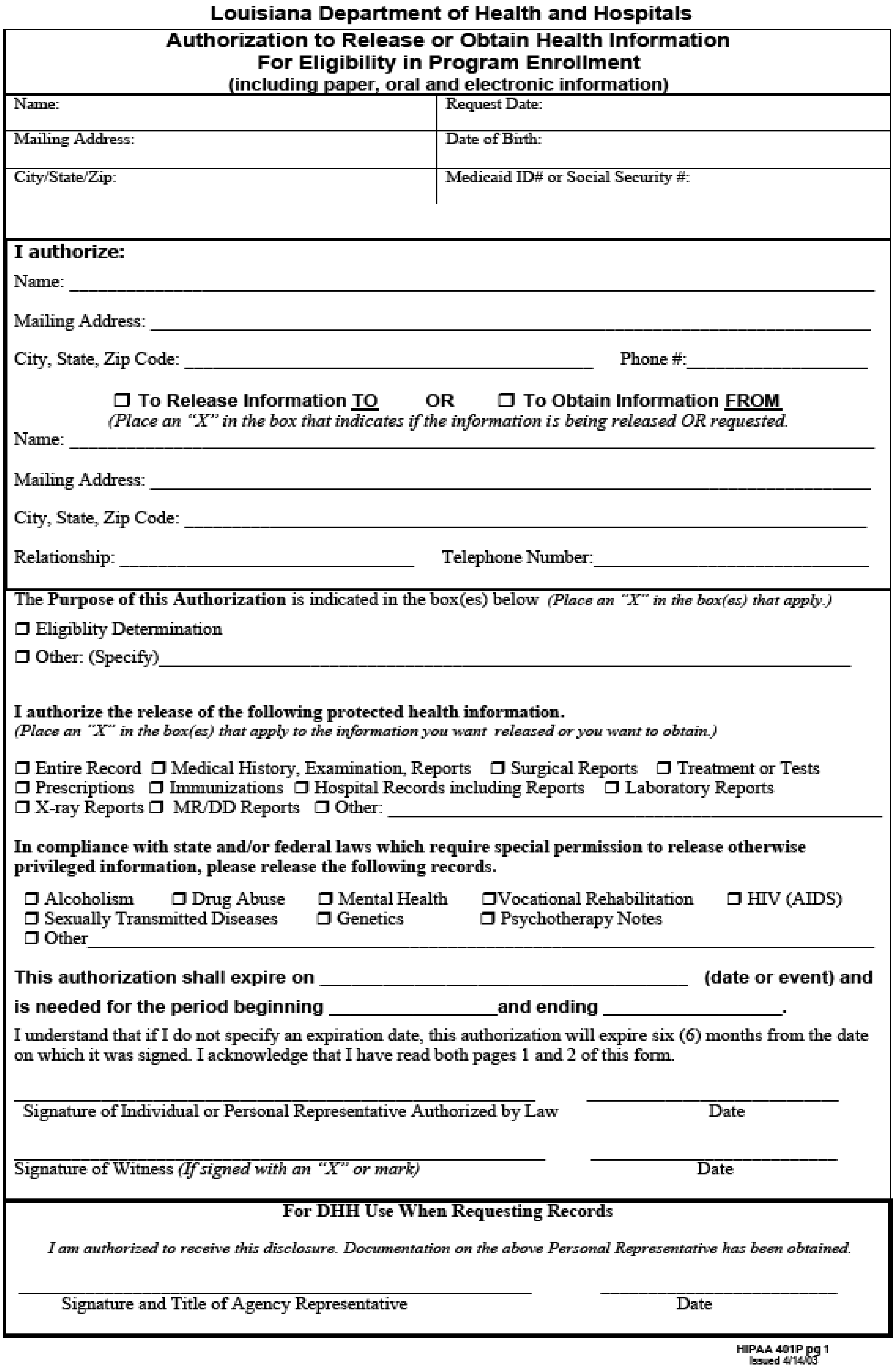
Signature **Date**

SRI:

Date FOC Sent:__________________________________ **Date FOC Received:**____________________________

Date Linked to Case Management:__________________________________

Appendix I. Authorization to Release Information



Louisiana Department of Health and Hospitals

Authorization to Release or Obtain Health Information
For Eligibility in Program Enrollment
(including paper, oral and electronic information)

Name:	Request Date:
Mailing Address:	Date of Birth:
City/State/Zip:	Medicaid ID# or Social Security #:

I authorize:

Name: ____

Mailing Address: ______________________________________

City, State, Zip Code: ___________________________ Phone #:______________

☐ To Release Information <u>TO</u> OR ☐ To Obtain Information <u>FROM</u>
(Place an "X" in the box that indicates if the information is being released OR requested.

Name: ____

Mailing Address: ______________________________________

City, State, Zip Code: __________________________________

Relationship: ______________________ Telephone Number:____________________

The **Purpose of this Authorization** is indicated in the box(es) below *(Place an "X" in the box(es) that apply.)*

☐ Eligiblity Determination

☐ Other: (Specify)____

I authorize the release of the following protected health information.
(Place an "X" in the box(es) that apply to the information you want released or you want to obtain.)

☐ Entire Record ☐ Medical History, Examination, Reports ☐ Surgical Reports ☐ Treatment or Tests
☐ Prescriptions ☐ Immunizations ☐ Hospital Records including Reports ☐ Laboratory Reports
☐ X-ray Reports ☐ MR/DD Reports ☐ Other: ______________________________

In compliance with state and/or federal laws which require special permission to release otherwise privileged information, please release the following records.

☐ Alcoholism ☐ Drug Abuse ☐ Mental Health ☐Vocational Rehabilitation ☐ HIV (AIDS)
☐ Sexually Transmitted Diseases ☐ Genetics ☐ Psychotherapy Notes
☐ Other____

This authorization shall expire on ______________________ (date or event) and

is needed for the period beginning ______________and ending ______________.

I understand that if I do not specify an expiration date, this authorization will expire six (6) months from the date on which it was signed. I acknowledge that I have read both pages 1 and 2 of this form.

____ ____________________
Signature of Individual or Personal Representative Authorized by Law Date

____ ____________________
Signature of Witness *(If signed with an "X" or mark)* Date

For DHH Use When Requesting Records

I am authorized to receive this disclosure. Documentation on the above Personal Representative has been obtained.

____ ____________________
Signature and Title of Agency Representative Date

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Issued 4/14/03

LOUISIANA
Department of
HEALTH and
HOSPITALS

Bobby Jindal
GOVERNOR

Bruce D. Greenstein
SECRETARY

The Money Follows the Person Rebalancing Demonstration or My Place Louisiana

is a collaboration between

Louisiana Medicaid,
Office of Aging and Adult Services, and
Office for Citizens with Developmental Disabilities

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