

INDIVIDUAL RIGHTS AND RESPONSIBILITIES

For Long Term-Personal Care Services (LT-PCS)

As an applicant / participant in the LT-PCS program, you have the **RIGHT** to:

- | | |
|---|---|
| <ul style="list-style-type: none"> Be treated fairly and respectfully no matter your race, religion, gender, ethnicity, age or disability. Be free from abuse, neglect and exploitation. To not be restrained. Choose how, where and who you live with. Choose a responsible representative, if you feel like you need one. Change your representative at any time. Choose the LT-PCS provider agency that will work with you. Receive information about the rules for LT-PCS providers. Choose who will be at any meetings that are scheduled with you (ex. assessment meetings, provider monitoring meetings, etc.). Receive letters about Long Term-Personal Care services that are accurate, complete and timely. Have the assessor review your assessment with you to make sure the answers are correct. To help write your plan of care so that it includes your likes and how you want to receive your services. | <ul style="list-style-type: none"> To receive an explanation of the proposed/approved services in your plan of care and the number of hours your worker may/will be there each week. Receive an explanation of how your LT-PCS hours are decided. To request more hours if you think you need them. (NOTE: No one may receive more than 32 hours per week.) To request the expedited waiver slot if 32 hours of LT-PCS is not enough hours to meet your needs. To receive all services in a timely manner. Have a direct service worker that is trained and skilled. To receive letters about any rules or other changes that may affect your LT-PCS services. Change your provider agency once every three (3) months, or at any time with "good cause". Request a fair hearing if you are unhappy with a decision made on your request for services. To refuse services. |
|---|---|

**To report abuse or neglect,
call Adult Protective Services (APS) at 1-800-898-4910.
If you are in an EMERGENCY situation, call 911.**

As an applicant / participant in the LT-PCS program, you have the **RESPONSIBILITY** to:

- | | |
|---|--|
| <ul style="list-style-type: none">• Make sure that your home is a safe and lawful environment.• Be polite and respectful to all staff that contact you or provide your services.• Make sure that you give the assessor or provider the necessary and correct information about yourself.• Make sure that all of your contact information is correct and up to date.• Make sure you are available to receive your Long Term-Personal Care services as planned.• Follow the rules of the Long Term-Personal Care services program.• Cancel scheduled meetings if you know you cannot be there.• Ask for an explanation if there is anything you do not understand.• Tell the assessor about all of the help you receive right now (family, friends, home health, council on aging, etc.).• Tell the provider if the place where you receive services will be different from your home address. | <ul style="list-style-type: none">• Cooperate with your provider so they are able to follow all laws, policies and procedures.• Make sure you answer your phone and/or check your voicemail messages. It is very important that your assessor/provider is able to contact you regularly.• Check your mail and respond to any deadlines by the date given (NOTE: All notices or letters will be mailed to you and/or your responsible representative).• Not commit fraud. You must correctly report the amount of services you have received.• Only sign service logs that are complete, accurate, and truthful. For example, you should never sign blank service logs.• Refuse to sign any paper that you do not understand.• Understand that if you do not receive LT-PCS services for 30 or more days in a row, you may be removed from the LT-PCS program. |
|---|--|

As an applicant / participant in the LT-PCS program, you have the responsibility to IMMEDIATELY report to your assessor or provider if:

- | | |
|---|--|
| <ul style="list-style-type: none">• Your health changes;• You are admitted to a hospital or nursing facility;• Your physical condition changes;• Your medications change;• The family and/or friends that were helping you are not helping you anymore; | <ul style="list-style-type: none">• Your address changes;• Any of your phone numbers change;• Your physical condition changes;• Your responsible representative changes;• Your financial situation changes; and/or• Your emergency/evacuation plans change. |
|---|--|

To report any changes, call Louisiana Options in Long-Term Care at 1-877-456-1146.

As an applicant / participant in the LT-PCS program, you have the RESPONSIBILITY to cooperate with Louisiana Department of Health staff or it's designee as follows:

- By allowing them to check the quality of the services you are receiving in the following ways:
 - Contacting you monthly to ask if you are receiving your services, and if you are satisfied with your provider.
 - Visiting your home once every three (3) months, or more, to confirm that you are receiving services as scheduled in your plan of care and as reported by your provider.
- By completing a phone interview when you request more hours.
- By completing a phone interview so we may respond to complaints.

NOTE: Failure to cooperate and be available to actively participate in the eligibility determination, required assessments, care planning or monitoring processes as described above may result in you being discharged from the LT-PCS program.

**If the assessor did not explain all of the above rights and responsibilities to you,
call the Louisiana Options in Long-Term Care at 1-877-456-1146 OR**

The assessor's supervisor at (_ _ _) _ _ _ - _ _ _ _

Who Should I Call?

If you are not happy with the services offered or provided to you, you have the right to file a complaint or grievance with your LT-PCS provider OR the Louisiana Department of Health (LDH).

For complaints about providers, call Health Standards Section (HSS)

Toll-Free Complaint Line at:

1-800-660-0488

NOTE: Filing a grievance or making a complaint does not begin or replace a fair hearing request.

For information about the appeal and fair hearing process:

Division of Administrative Law (DAL) – LDH Section – 1-225-342-5800

For general information about LT-PCS and other Office of Aging and Adult Services (OAAS)

Home and Community Based Services:

Louisiana Options in Long-Term Care Toll-Free Number – 1-877-456-1146

OR

The OAAS Help Line Toll-Free Number – 1-866-758-5035

RIGHTS AND RESPONSIBILITIES

For Long Term-Personal Care Services (LT-PCS) Applicants and Participants

Signature Page

I have read and understand my rights and responsibilities for applying for/ participating in Long Term-Personal Care Services (LT-PCS) administered and managed by the Louisiana Department of Health, Office of Aging and Adult Services. I also understand that if I do not comply with the rights and responsibilities as outlined, I may be discharged from LT-PCS.

Name of Applicant/Participant: _____
(Print Name)

(Signature of Applicant/Participant)

(Date)

(Signature of Assessor)

(Date)

(Signature of Responsible Representative, if applicable)

(Date)

This page is to be retained by the assessor.