

Z-Appendices

Z-110 Adult Day Health Care (ADHC) Waiver Provider Manual

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ADHC/ADHC.pdf>

Z-112 Assistive Devices and Medical Supplies Form (OAAS-PF-16-001)

<http://dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Assistive-Devices-and-Medical-Supplies-Form.pdf>

Z-120 Back-Up Staffing Plan (OAAS-PF-10-015)

<http://www.dhh.louisiana.gov/assets/docs/OAAS/EmergencyPrep/BackupStaffingPlanForm.pdf>

Z-130 Clinical Assessment Protocols Summary (CAPS) (OAAS-PF-10-005)

<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Clinical-Assessment-Protocols-Summary-CAPS.pdf>

Z-131 Clinical Assessment Protocols Summary (CAPS) Instructions (OAAS-PF-12-005)

<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Clinical-Assessment-Protocols-Summary-CAPS-Instructions.pdf>

Z-140 Community Choices Waiver (CCW) Provider Manual

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/CCW2/CCW.pdf>

Z-145 Critical Incident Reporting (CIR) Policies and Procedures (OAAS-ADM-10-020)

<http://dhh.louisiana.gov/assets/docs/OAAS/CIR/CIR-Policy.pdf>

Z-150 Change in Status Screening and Decision Making Tool (OAAS-PF-11-010)

<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Change-in-Status-Screening-Decision-Making-Tool.pdf>

Z-160 e148-W - Notification of Admission, Status Change, or Decertification/Discharge for Home and Community-Based Services Waiver Instructions (OAAS-ADM-13-016)

<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/e148-W-Instructions.pdf>

Z-165 Data Management Contractor Problem Sheet Procedures (OAAS-ADM-11-020)

<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Data-Management-Contractor-Problem-Sheet-Procedures.pdf>

Z-170 Declining Adult Day Health Care Waiver Offer (OAAS-RF-09-004)

<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Declining-Adult-Day-Health-Care-Waiver-Offer.pdf>

Z-171 Declining Current Adult Day Health Care Waiver Services (OAAS-RF-09-006)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Declining-Current-Adult-Day-Health-Care-Waiver-Services.pdf>

Z-172 Declining Community Choices Waiver Offer (OAAS-RF-09-005)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Declining-Community-Choices-Waiver-Offer.pdf>

Z-173 Declining Current Community Choices Waiver Services (OAAS-RF-09-007)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Declining-Current-Community-Choices-Waiver-Services.pdf>

Z-175 Directory – OAAS Waiver Regional Offices
<http://www.dhh.louisiana.gov/index.cfm/directory/category/141>

Z-180 Emergency Plan (OAAS-PF-09-004)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/EmergencyPrep/EmergencyPlanandAgreementForm.pdf>

Z-190 Environmental Accessibility Adaptation (EAA) Form (OAAS-PF-12-007)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Environmental-Accessibility-Adaptation-Form.pdf>

Z-200 Evacuation Tracking Form (OAAS-PF-09-003)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Evacuation-Tracking-Form.xls>

Z-210 Expedited CCW Offers Process (OAAS-ADM-11-022) – FOR OAAS STAFF USE ONLY

Z-220 Expedited CCW Service Review Panel (SRP) Form (OAAS-IF-12-011) - FOR OAAS STAFF USE ONLY

Z-230 Flexible Schedule/Budget Worksheet (OAAS-PF-10-008)
<http://dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Flexible-Schedule-Budget-Worksheet.xls>

Z-240 Form 142 – Notice of Medical Certification
<http://www.dhh.louisiana.gov/assets/docs/OAAS/publications/CommChoice/Form142Revised.pdf>

Z-241 Form 142 – Notice of Medical Certification Instructions (OAAS-ADM-13-017)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/142-Instructions.pdf>

Z-250 Individual Responsibility Agreement (IRA) Form (OAAS-SC-11-012)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Individual-Responsibility-Agreement-Form.pdf>

Z-260 Level of Care/Plan of Care Review Checklist (OAAS-PF-12-008)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/LOC-POC-Review-Checklist.pdf>

Z-261 Level of Care/Plan of Care Review Process (OAAS-ADM-12-020)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/LOC-POC-Review-Process.pdf>

Z-265 Level of Care Policy Manual (OAAS-MAN-13-005)
<http://new.dhh.louisiana.gov/assets/docs/OAAS/Manuals/LOCEligibilityManual.pdf>

Z-270 MDS-HC Assessment and Care Planning Training Registration Form (OAAS-PF-12-004)
<http://new.dhh.louisiana.gov/assets/docs/OAAS/Training/MDS-HC-Care-Planning-Registration-Form.pdf>

Z-275 Monitored In-Home Caregiving (MIHC) Services Form
<http://dhh.louisiana.gov/assets/docs/OAAS/publications/Forms/Monitored-In-Home-Caregiving-Services-Form.pdf>

Z-280 Money Follows the Person (MFP)/My Place LA Form (OAAS-PF-10-011)
<http://www.dhh.la.gov/assets/docs/OAAS/publications/Forms/MFP-My-Place-LA-Form.pdf>

Z-285 National Voter Registration Act (NVRA) Procedures (OAAS-ADM-13-007)
<http://dhh.louisiana.gov/assets/docs/OAAS/NVRA/national-voter-registration-act-manual.pdf>

Z-290 Nursing/Therapy Evaluation Form (OAAS-PF-13-003)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Nursing-Therapy-Evaluation-Form.pdf>

Z-293 Nursing/Therapy Evaluation Referral Form (OAAS-PF-13-004)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Nursing-Therapy-Evaluation-Referral-Form.pdf>

Z-294 Nursing/Therapy Evaluation Referral Form Instructions (OAAS-PF-13-008)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Nursing-Therapy-Evaluation-Referral-Form-Instructions.pdf>

Z-296 Nursing/Therapy Payment Authorization Form (OAAS-PF-13-002)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Nursing-Therapy-Payment-Authorization-Form.pdf>

Z-300 Personal Care Services Provider Manual
<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PCS/pcs.pdf>

Z-310 Plan of Care (OAAS-PF-10-003)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Waiver-Plan-of-Care.pdf>

Z-315 Plan of Care Extension (OAAS-IF-09-004) (FOR OAAS STAFF USE ONLY)

Z-320 Provider Locator Tool
http://www.lmmis.com/provweb1/provider_demographics/provider_map.aspx

Z-330 Responsible Representative Form (OAAS-RF-06-003)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/publications/Forms/Designation-of-Responsible-Representative-Form.pdf>

Z-340 Rights and Responsibilities for Applicants/Participants for Home and Community-Based Waiver Services (OAAS-RF-10-005)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Rights-and-Responsibilities-for-Waiver-Applicants-Participants.pdf>

Z-350 Support Coordination Contact Documentation (SCD) (OAAS-PF-12-013)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Support-Coordination-Contact-Documentation.pdf>

Z-351 Support Coordination Contact Documentation (SCD) Instructions (OAAS-PF-12-012)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Support-Coordination-Contact-Documentation-SCD-Instructions.pdf>

Z-360 Self-Direction Option Employer Handbook (OAAS-ADM-11-019)
<http://www.dhh.louisiana.gov/assets/docs/OAAS/Manuals/Self-Direction-Manual.pdf>

Z-370 Service Review Panel Form (OAAS-IF-08-004) (FOR OAAS STAFF USE ONLY)

Z-380 Transition Services Form (OAAS-PF-07-010)
<http://new.dhh.louisiana.gov/assets/docs/OAAS/CCWForms/Transition-Services-Form.pdf>

**Z-385 Verification of Declination of CCW Offer
(OAAS-RF-15-010) (FOR OAAS STAFF USE ONLY)**

**Z-386 Verification of Declination of ADHC Offer
(OAAS-RF-15-009) (FOR OAAS STAFF USE ONLY)**

**Z-387 Verification of Declination of CCW Services
(OAAS-RF-15-008) (FOR OAAS STAFF USE ONLY)**

**Z-388 Verification of Declination of ADHC Services
(OAAS-RF-09-008) (FOR OAAS STAFF USE ONLY)**