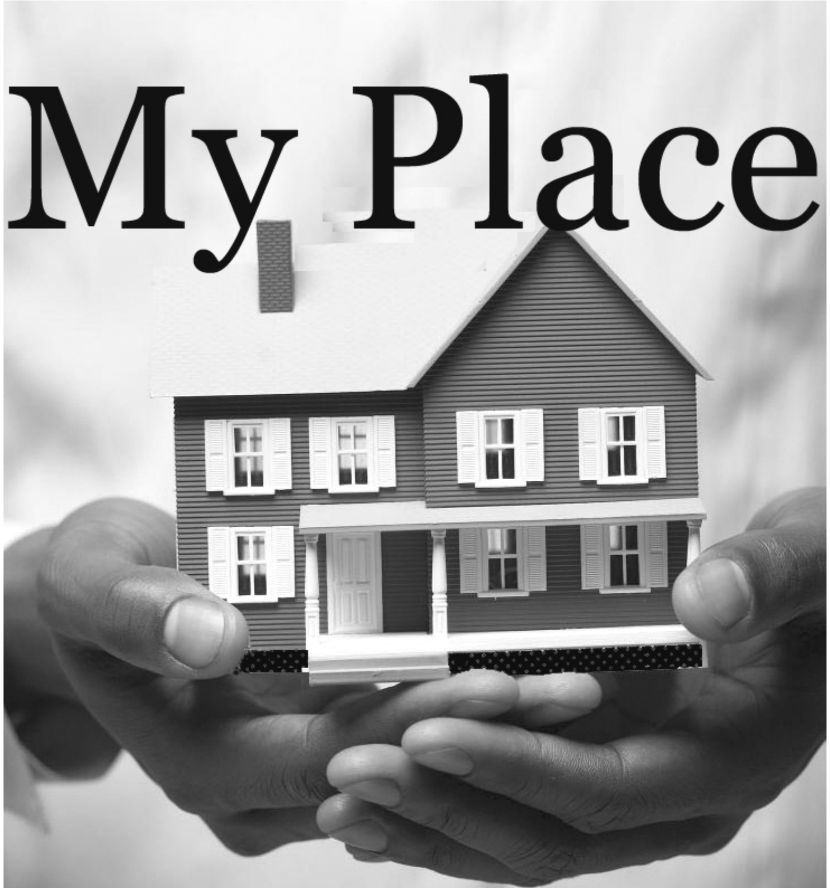
Participant Information Booklet for People with Developmental Disabilities in an ICF/DD



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 ICFs/DD to move to home and community-based living settings.

Individuals must have resided in a qualified institutional setting for at least 90 days consecutively 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 is 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 a person to move from an institution into a home and community-based living setting, such as a home or an 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 live 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 will be known by the name **"My Place Louisiana"** or "**My Place."**

What are the goals and purpose of My Place Louisiana?

People participating in My Place Louisiana will have a choice of 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 who are 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 Sara'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 19 through 21.

Are there any additional transition supports?

The following 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.

Introduction to My Place Louisiana, continued

- 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 one of 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 through 18 residing in a nursing facility or hospital)

Eligible persons must also meet the following criteria:

- 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 17 and 18.

Introduction to My Place Louisiana, continued

What is needed to begin 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 an apartment. The first step in the process involves an OCDD authorized 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?

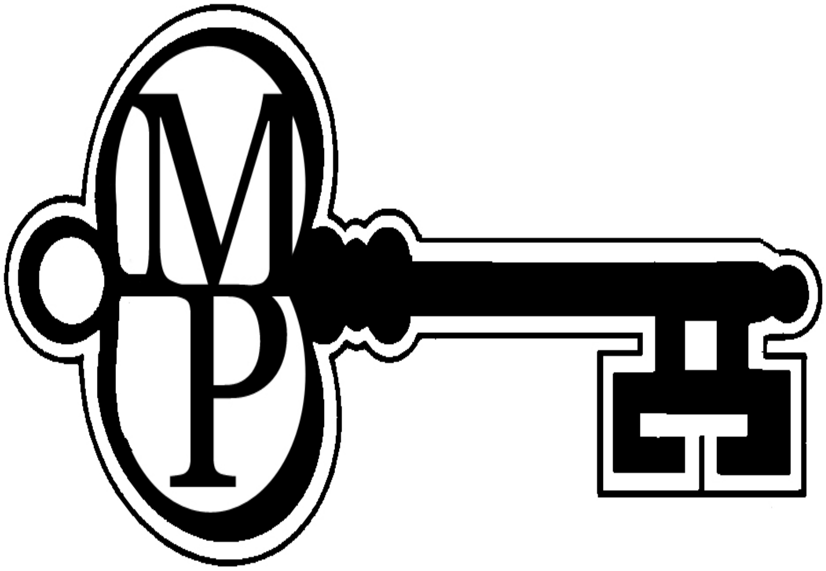
My Place Louisiana will operate from June 30, 2008 through September 30, 2016. If you or someone you know would like to find out about eligibility to participate in the My Place Louisiana opportunity:

Visit My Place Louisiana Web Site:	www.myplacelouisiana.org
Email your interest to:	myplacelouisiana@dhh.la.gov
Or Call the Medicaid Toll-Free #:	1-888-342-6207

You may also contact your OCDD Regional Office or Human Services District or Authority. Contact information for these offices can be found on page 23 of this booklet.

Services and Eligibility Details

MY PLACE LOUISIANA
FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES LIVING IN ICFs/DD



Sara's Story
Case Study: Person Transitioning from an ICF/DD

Sara is a forty-year-old female, who was admitted to the public ICF/DD, Pinecrest Supports and Services Center (formerly Pinecrest State School), at the age of 9. Until that time, she lived at home with her family. Sara's parents were not aware that she had a developmental disability until Sara was about 1 year old. At that time, her parents began to note that she was not developing as her other siblings had. Sara did not walk or speak until the age of 3. Before moving to Pinecrest, Sara had not received any form of formal education. Her family felt that she could acquire some "training" at Pinecrest that they could not provide to her at home. Sara was diagnosed with Mental Retardation and Autistic Disorder, and even though Sara communicates verbally and ambulates independently, she is not capable of fully communicating all of her desires or needs. The majority of communication from Sara consists of her singing a variety of songs and indicating food preferences.

Sara's family lived near Pinecrest, and following her move to the facility, they remained active in her life. Her mother was her legally authorized representative through the years, but other family members, including siblings and a niece, assumed varying levels of responsibility/contact as her mother's health declined. All family members remained fairly active in Sara's life, visiting her during holidays and other special occasions. They also took her home for weekend visits and to participate in family functions.

Sara's family involvement included them attending her annual staffing for review and approval of her Support Plan. During this process, the Facility Treatment Team was able to give their professional input on Sara's overall quality of life throughout the past year. Sara and her family voiced their concerns in regards to her health and well-being from the past year, too. Throughout the year, it was noted by staff that Sara had not been eating her meals regularly and had lost a little weight. Her mom and sister explained to the Facility Treatment Team that whenever Sara comes home to visit, she eats heartily and enjoys eating at buffet-style restaurants. As a resolution to her losing weight and not eating the meals from the cafeteria, the Team dietician and physician suggested Sara be provided vouchers for the Pinecrest canteen and bakery. Sara could use the vouchers in lieu of eating the meals from the cafeteria. The canteen sells candy, chips, soft drinks, and a variety of easy to prepare items such as hamburgers, sandwiches, and fried chicken. The Pinecrest bakery has wonderful breads and pastries. During the months following the review of her Plan of Care, the dietician noted that Sara was once again within her recommended weight range.

A main focus of the person-centered planning was the "Living-Setting" portion of her plan. The facility Treatment Team, along with Sara and her family, discussed the best place for Sara to receive services. They talked about whether it was best for Sara to remain at Pinecrest or if she would benefit from being served in the community. The "Living-Setting" discussion included the Facility Treatment Team's input, Sara's feelings on alternate placement, and her family's wishes regarding alternate placement. The

Sara's Story, continued

group also discussed what community supports Sara might need if she were to transition. This was necessary to give Sara and her family a picture of what community living might be like. It also helped keep the Team's documentation updated and ready should Sara transition in the coming months.

Following Sara's annual staffing, the facility Treatment Team met with Sara and her family quarterly. Throughout the years, Sara and her family were offered educational opportunities regarding alternate placement options. They visited various housing options (apartments, houses, and community homes) and attended local and regional provider fairs. While visiting alternate placement options, familiar staff observed Sara for her responses to the different settings to make a determination of what she preferred. For many years, Sara's family remained opposed to the idea of transition to the community; however, through the various educational opportunities offered by Pinecrest and the OCDD Regional Office, they better understood community transition and the steps involved in Sara's moving to a community-based living option.

One day, the Transition Services department at Pinecrest was contacted by Sara's mother and sister. They had recently attended a community education forum offered by the OCDD Regional Office, in partnership with a local provider in Pineville. They had visited some homes of waiver participants using Shared Living Services options available through the Residential Options Waiver. They were pleased with what they viewed and became interested in services that could be extended to Sara if she used a Residential Options Waiver (ROW). Sara's family indicated that they had viewed other community-based options offered by the New Opportunities Waiver (NOW) in the past but were especially impressed by the service package that OCDD was offering in the ROW, a new waiver for people with developmental disabilities. They requested that Pinecrest begin the discovery process for Sara to transition to a living option in the ROW. When questioned as to why they felt this was best for Sara now, they reported that in their opinion, Sara would be offered more opportunities to engage in activities she enjoyed, such as eating out, shopping, and vacationing, than she would if she were to remain at Pinecrest. They also felt that she deserved the right to have a home life as close to "normal" as is possible given her diagnosis of Mental Retardation and Autistic Disorder. They were not sure in the past that a setting existed that would meet Sara's needs and also seem like home, but the Shared Living Services option seemed like a fit.

Sara's family sat down with the Pinecrest Facility Treatment Team to discuss the selection of the ROW versus the NOW. With Sara's diagnosis of Autism, Sara's family and Pinecrest staff felt Sara's life could be improved by her living in a smaller setting. Sara enjoyed opportunities to go out in the community but did not like to go in large groups or with unfamiliar people. As a result of limited resources, most trips she participated in at Pinecrest were with large groups; however, Sara seemed to enjoy herself more when only out with a friend or two. This made Sara more comfortable and likely to engage and interact with others, rather than shy away. For this reason,

Sara's Story, continued

Sara's family felt her participating in a living option that offered supports to only a small number of people and where she could share supports with preferred friends would be great for her social development and quality of life. Sara was mostly independent in her daily living skills, so her family thought that Sara's sharing supports with others in the Shared Living Service would also encourage her to use and retain her daily living skills. Sara's family did not believe that Sara would be happy with one-to-one supports at home alone, since she seemed to do best with a mix of privacy and interpersonal time with peers. While more people are beginning to share supports in NOW, Sara's family had not seen many examples of people sharing using NOW. They liked the Shared Living model in ROW and also were drawn to the larger menu of professional services in ROW. They believed Sara may need some professional services, specifically psychological services and a dietician, to ensure her success at home based on her Autism diagnosis and past struggles with diet. A dietician is not available in NOW.

During a conference call, Pinecrest Transition Services staff told Sara's mother and sister about the Money Follows the Person (MFP) Rebalancing Demonstration, better known as the My Place opportunity. My Place would help Sara to access a ROW opportunity immediately. Her family was informed that services under the ROW began on day 1 of the transition process, pending all certifications and necessary paperwork. Pinecrest Transition Services staff set up a meeting to present the informed consent materials to Sara and her mother that week. Though Sara's mother agreed to her participation in My Place, she was curious as to how Sara's services would be impacted at the end of her My Place opportunity. Transition staff informed Sara's mom that Sara's services would continue after the 365 day demonstration period for as long as Sara remained eligible for the waiver.

Pinecrest Transition Services staff and the MFP Transition/Quality Coordinator for persons transitioning from ICFS/DD met with Sara's mother, sister, and other family members. They explained the transition opportunities of the Residential Options Waiver and the My Place (Demonstration) support to Sara and her family. They explained that it would take them working together with Pinecrest and new community-based providers they would choose to make Sara's transition smooth, safe, and successful. After the informed consent materials for both My Place and ROW were signed, Pinecrest submitted paperwork to the OCDD My Place Program Manager to begin Sara's transition. Pinecrest was already engaged in a planned downsizing initiative approved by OCDD Central Office, so the facility was working to reduce the number of beds filled and overall capacity. Sara's moving to an individualized living option through My Place fit right in with the planned downsizing initiative.

Following the initial paperwork, Sara's mother and sister chose a Support Coordination agency, and the agency assigned a Support Coordinator to Sara. The Support Coordinator provided Sara's mom and sister with a list of providers in their region. Pinecrest worked with the Support Coordinator to arrange for Sara and her family to

Sara's Story, continued

meet a number of providers. Sara's mother and sister also made visits to the different types of living options offered in the waiver including: Shared Living, Host Home, Companion Care, and Community Living Supports (apartment settings). OCDD Regional Office staff were also notified of the family's request and served in a support role to assist the family with locating places to visit. The visits would give them an idea of what living options were available in the Pineville area. Sara's family wanted her to live nearby, so they could continue to see her often.

At first, this seemed like a lot of time and effort to Sara's mother and sister, but staff members at Pinecrest and the OCDD Regional Office were firm that actually seeing different living options would help in the discussions that had to take place during Sara's person-centered planning process. This would also assist in the selection of a provider for Sara's residential services setting.

Sara's Transition Support Team was led by her Support Coordinator and initially included members of the Pinecrest Facility Treatment Team, as well as Sara, her mother, and her sister. The Support Coordinator first asked the family what they envisioned for Sara over the next year, five years, and ten years and completed a Personal Outcomes Assessment for Sara. Then, they talked about what supports and services they thought would be needed to implement the family's vision for Sara and what supports they knew from professional evaluations would be needed to insure Sara's health and safety in a community setting. All of this information was then used to begin to develop Sara's support plan for community living.

After reviewing her facility Plan of Care, the Support Coordinator also discussed Sara's need for 24-hour care. The group was in agreement that Sara needed 24-hour care and talked about which living setting would best meet Sara's needs for 24-hour care. A Host Home opportunity or Shared Living option seemed to be the best fit for Sara. Sara had a third choice in choosing to move home with her mom, but her mom's health served as a barrier. Due to advanced age and the inability to ambulate far without assistance of a walker, Sara's mom was not physically able to care for Sara and offer the supervision and active lifestyle Sara wanted.

The Support Coordinator assisted Sara and her family to select a provider based upon Sara's support needs and their previous visits. Members of Sara's Transition Support Team, including a direct support worker from Pinecrest who knew her well, accompanied Sara to visit persons supported by the family's choice provider. They paid close attention to her overt facial expressions, as well as behaviors she displayed during the visits because Sara communicated best through these mechanisms.

Sara seemed especially pleased during her visit to a particular residence where participants were using Shared Living Services. The house was located in the Piney Meadows subdivision. The two ladies who lived there welcomed Sara and the Transition Support Team members to their home. One of the ladies, Angel, recognized Sara. They knew each other from their participation in the local People First chapter.

Sara's Story, continued

Angel took Sara on a tour of the home which included an empty bedroom that might be Sara's. The bedroom was just vacated by Emily, who moved into her own apartment using Community Living Supports in ROW. Angel then showed Sara the garden in the back yard. Sara began singing and dancing in the yard among the spring flowers. Sara went back inside and motioned for the direct support worker from Pinecrest who knew her well to go outside to touch them. Once inside, Sara began moving room-to-room singing and pointing at different objects. During visits to other homes of participants using Shared Living and also some Host homes, Sara would smile and look around with prompting, but she never initiated exploration.

Sara's mother and sister were contacted by Sara's Support Coordinator regarding the home in Piney Meadows subdivision, and they discussed Sara's initial response. Her mother and sister were pleased and were quick to schedule a visit. After their visit, they felt that it was a beautiful home with warm staff and housemates with whom Sara would have a lot in common. Sara's mom consented to Sara transitioning to share supports with the ladies living in Piney Meadows. The Support Coordinator contacted the chosen provider agency about Sara's choice. The provider agency discussed Sara's decision with the two ladies living in the home, and the two were excited to welcome Sara into their household. The agency supervisor and staff working at the home were then included in the transition planning process.

From that point on, Pinecrest staff and Sara's mother and sister began taking Sara to visit the home in Piney Meadows subdivision so that she could continue to make friends with the two ladies who lived there. As new housemates, they worked out details about routines and how they would share space and expenses. Sara even stayed overnight and visited on weekends to ensure that the home would be a good fit. She also spent this time meeting with her housemates' families and her soon-to-be neighbors. During the visits, Sara worked with her family to choose a color scheme for her bedroom and started to decorate the room in her favorite colors of red, blue, and yellow. Over the years, Sara had shown an interest in flowers, so a floral theme was chosen for her bedroom. She really enjoyed picking out a bedspread with bright spring flowers on it.

The home and community-based services agency (HCBS) responsible for providing the services Sara would need while living the home in Piney Meadows subdivision started attending Sara's Team meetings. Sara's mother and sister participated in the meetings, also. They all worked together to develop a plan of care that would reflect Sara's goals and preferences as well as keep her healthy and safe. With Sara's needs for supports identified, providers of community-based medical supports, therapies, and day habilitation were located. These providers were included in the Transition Support Team meetings.

The team worked hands-on with support staff from the home in Piney Meadows subdivision to teach the HCBS staff about Sara's support needs. The transition planning was a partnership involving Sara and her family, her Support Coordinator,

Sara's Story, continued

and her current ICF/DD provider working to transition Sara to her new community-based providers, who would offer Sara services after her move. Throughout the process, Sara's new community-based residential provider assisted in negotiating support arrangements that were agreeable to all three ladies who would share the home.

Before Sara moved, her certification for Medicaid and state developmental disability services were verified, including Sara's qualification for ICF/DD level of care. Sara, her mom, and her sister talked to OCDD staff about Sara's quality of life. Her mom and sister were contacted by a contractor who was administering the "Quality of Life" survey for the My Place program. They agreed to meet one morning about two weeks before Sara's projected move date at 10:45 a.m., to complete the interview.

It took about 60 days to complete Sara's move to her new home. The majority of the transition process during this time was dedicated to ensuring Sara's adjustments to her new home, her new bedroom, and her new housemates and staff. Due to Sara's diagnosis of Autism, this was an important part of the transition process to ensure Sara's quality of life and a successful transition. Sara's support staff at the home in Piney Meadows subdivision were excited about Sara coming to live there and were quick to learn about her needs and preferences. Sara also had to visit her community-based primary care physician before moving to ensure continuity of medical care. She was a bit unsure of the unfamiliar medical office setting at first, but Sara came around quickly when the nurse offered her a chocolate candy and a warm smile.

Sara's ROW services began the day of her move into the new shared living setting. During the first 365 days of her waiver, Sara also participated in the My Place program. Every quarter, Sara's Support Team met to discuss her progress on her support plan goals. Her Support Coordinator evaluated her current living setting, documented that Sara was receiving the services in her Plan of Care, and evaluated whether any new services were needed.

During follow-up visits and phone contacts made in the first six months after the move, Pinecrest staff noted Sara's continued pleasure with her new home. Sara was very happy living in the smaller, individualized setting. Sara clearly enjoyed being around her housemates. She learned to help out with chores and to keep her bedroom and bathroom neat. She had numerous opportunities to participate in preferred community activities including: shopping at the Alexandria Mall with her new housemates, going out to eat with friends at Piccadilly Cafeteria and Fire Mountain and becoming a member of the choir in a local church. While living at Pinecrest, Sara showed great interest in attending local parades and festivals in the area. She continued doing so by attending the Colfax Pecan Festival and taking a trip to Natchitoches during the Christmas holiday to tour the Festival of Lights and watch the fireworks display and laser show. Perhaps Sara's best experience came when she and her two housemates took a mini-vacation to New Orleans. They visited the Audubon Zoo and watched a few of the smaller Mardi Gras parades Uptown.

Sara's Story, continued

About 90 days before her first anniversary in the home in Piney Meadows subdivision, Sara's Support Coordinator did a Personal Outcomes Assessment and made sure that all of Sara's assessment information was up-to-date for the Support Team to complete the upcoming annual planning meeting. Her Support Coordinator determined no new services were required and that existing services should continue. The Support Team agreed, so there were no changes to Sara's second year excepting her updated Personal Outcomes Assessment and updated goals section. Sara's mother and sister agreed with the changes that were suggested in Sara's second year plan of care. On day 366 of Sara's stay in the new home, the My Place program ended and Sara continued her ROW waiver without even realizing anything had changed.

At the end of the first and second year, Sara and her family again participated in the Quality Life Survey that was part of the agreement when she moved using My Place. Each survey required about half an hour to answer the questions about how Sara enjoyed her life in the community. It was reported by Sara and her family that she continues to get along with her housemates and enjoys her new active lifestyle. Her family continues to visit her, and they are very pleased with their decision to support Sara's transition through the My Place program. It has allowed Sara more freedom to do what she enjoys, and it has aided her in seeking out her own identity by trying new things and making independent choices. They feel that the move was ultimately the best decision because Sara is the happiest they have seen her in years. With all the singing she is doing these days, her mom and sister jest that she should try out for American Idol!

MY PLACE LOUISIANA
PROGRAM ELIGIBILITY CRITERIA

Eligibility Criteria for people with developmental disabilities living in qualified ICFs/DD:

1. The participant must occupy a licensed, approved, and enrolled Medicaid ICF/DD bed.

2. The participant must have used, for at least 90 days consecutively, an institutional service inclusive of ICF/DD, psychiatric hospital, or acute care hospital. No maximum term applies.

3. The participant must be Medicaid eligible, eligible for state developmental disabilities services, and meet ICF/DD Level of Care.

AND

4. If living in a private facility, the ICF/DD bed that the person currently occupies must be voluntarily closed by the private ICF/DD provider upon transition, or a funding mechanism must exist for the long-term funding of the waiver opportunity (e.g. legislative or other allocation).

   The DHH does not have legislative authority to remove beds from private provider ownership. The vacancy rate in Louisiana's private ICFs/DD continues at about 6%. Therefore, the likelihood is high that an ICF/DD bed vacated by MFP will be "backfilled." Louisiana must demonstrate Rebalancing to CMS and cost neutrality to state legislators. Thus, the state will target people living in ICFs/DD who are supported by providers willing to voluntarily close private ICF/DD beds vacated by demonstration participants or individuals meeting the targeting criteria who may move into the Residential Options Waiver via a fully funded opportunity.

OR

5. The participant must be admitted into a public ICF/DD engaged in downsizing or closure.

AND

6. The participant or his/her legally authorized representative must provide informed consent for both transition and participation in the demonstration.

7. The participant must complete the Individual Review described in MFP Policy #805.

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

Financial Eligibility Criteria
For
Medicaid Spend-Down and Medically Needy

To get Medicaid, a participant 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 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 an Intermediate Care Facility/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. You will have to meet the HCBS income criteria to transition into a waiver.

If an individual is transitioning to the **New Opportunities Waiver** or the new **Residential Options Waiver,** the individual's monthly income eligibility limits for 2010 are three times the SSI amount of $674, or $2,022.

My Place Louisiana Services Available
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 through age 18) waiver offers the following services:

- Support Coordination
- Center-Based Respite
- Environmental Accessibilities Adaptations (home or vehicle)
- Family Training, and Family Support (including Crisis Support as needed).

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.

The My Place Louisiana program can use the Children's Choice waiver to transition:

1) Children from nursing facilities
2) Children from hospitals

My Place Louisiana Services Available,
continued
People with Developmental Disabilities

The 1915(c) Residential Options Waiver (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 home)
- Host Home (living in the home of a caregiver)
- 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 sharing staff and wraparound services)
- Community Access Transportation Service

The My Place Louisiana program can use the ROW to transition:

1) Children from nursing facilities
2) People from private ICFs/DDs
3) People from public ICFs/DDs

My Place Louisiana Services Available,
continued
People with Developmental Disabilities

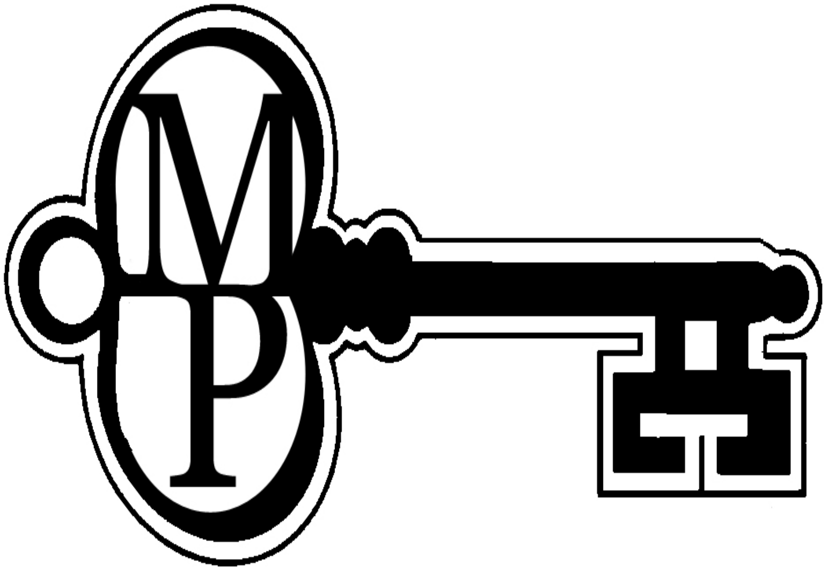
The 1915(c) New Opportunities Waiver (NOW) offers the following services:

- Support Coordination (through State Plan)
- One-time transition support of $3,000
- Individualized and Family Support (IFS) Service-Day-Night (may be shared with up to 3 people)
- Environmental Accessibility Adaptations
- Specialized Medical Equipment & Supplies
- Supported Living (may be shared with up to 3 people)
- Substitute Family Care
- Personal Emergency Response System (PERS)
- Skilled Nursing Services (may be shared)
- Professional Services Menu- Psychology, Social Worker, and Nursing Services
- Center-Based Respite
- Community Integration and Development (may be shared with up to 3 people)
- Day Habilitation (with or without transportation)
- Supported Employment
- Pre-Vocational Services (with or without transportation)

The My Place Louisiana program can use the NOW to transition people from **public ICFs/DD only**. Access to NOW occurs via current state policy. My Place is supporting efforts to downsize public centers and rebalance the services system.

Moving to the Community

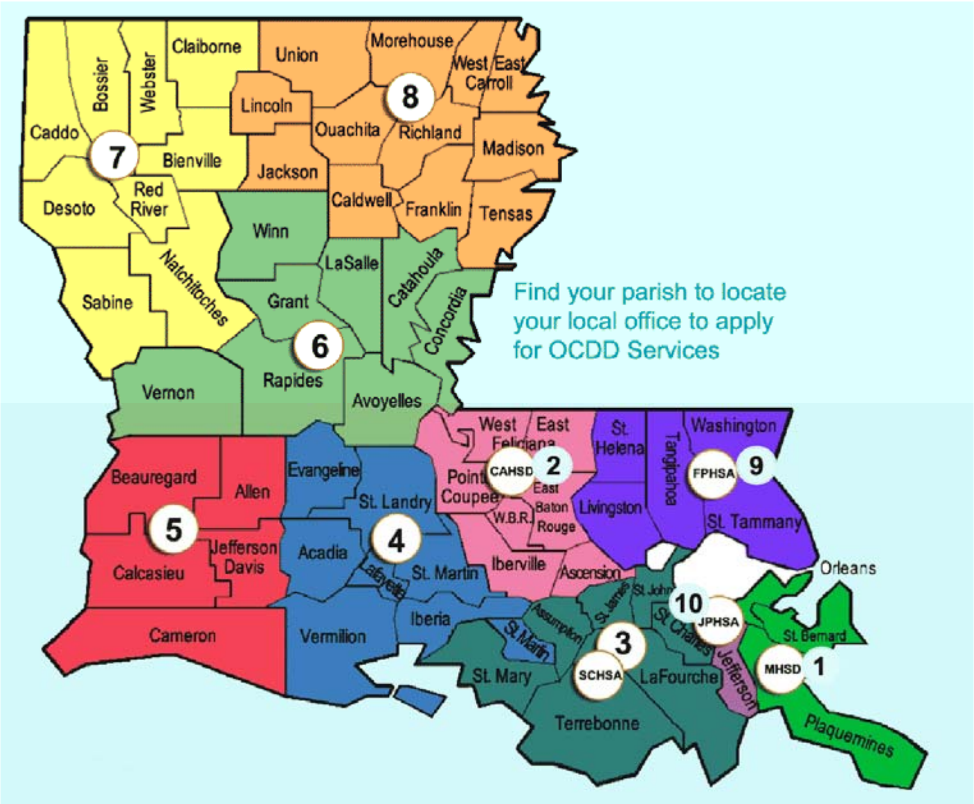
MY PLACE LOUISIANA FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES LIVING IN ICFs/DD



Locating Community-Based Resources
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.


Find your parish to locate your local office to apply for OCDD Services

Region I Metropolitan Human Services Authority
1010 Common St., Ste. 550 New Orleans, LA 70112
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

Louisiana Parent Training and Information Center (LaPTIC)

My child has a disability or needs special health care.
Where do I go to learn how to get the right school services?

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.** It 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, email, 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 email talk list from LaPTIC for people with disabilities, parents, family members, professionals, and other advocates in Louisiana to share information, resources, and 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. Include others — Involve your staff, family and friends (paid and natural supports) 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 something that you will do one time. It is something that you will do again and again to see if your needs have changed.

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:** Know your finances and make a realistic budget for you to use after transitioning.
   - **Funding and Benefit Programs:** First, make a list of your needs. Then 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:** Know how much you can afford to spend for rent and if you need help to pay for housing. Also, find out if you qualify for and can secure help with housing costs (e.g., subsidized housing vouchers, section 8).
   - **Daily Supports for Living Independently:** Know if you need and/or qualify for assistive devices (such as a walker) or specialized services.
   - **Health Services, Supplies and Equipment:** Will your choice of where you will live be too far away from needed medical services? Know 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:** Think about how where you choose to live is going to affect transportation, 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 choice of where you will live allow you to easily participate in all of your desired activities?
   - **Work/School/Other Activities:** Staying close to your family and friends is important to your well being as a healthy and happy person. Be sure your choices make it easy to have social activities, job 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 useful, a transition plan must also be reviewed and revised throughout the transition process.

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

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 it's really like to move to the community?, continued

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 medical 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 at prices 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-on-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 required overtime.

Staff job satisfaction contributes to the overall well-being of a person using services and helps with continuity of care.

Quality Management and Safety in the My Place Louisiana Program

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; and/or
- Tracking and trending incidents to decrease the likelihood of them happening 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 ICFs/DD

Appendix A: Rights and Responsibilities in OCDD Waivers

Office for Citizens with Developmental Disabilities/Waiver Supports and Services

Rights 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 if you wish to file a complaint, grievance, or appeal.)

- 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

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) for waiver services, 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

Responsibilities for Individuals Requesting Home and Community-Based Waiver Services, 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.
- Note: 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.

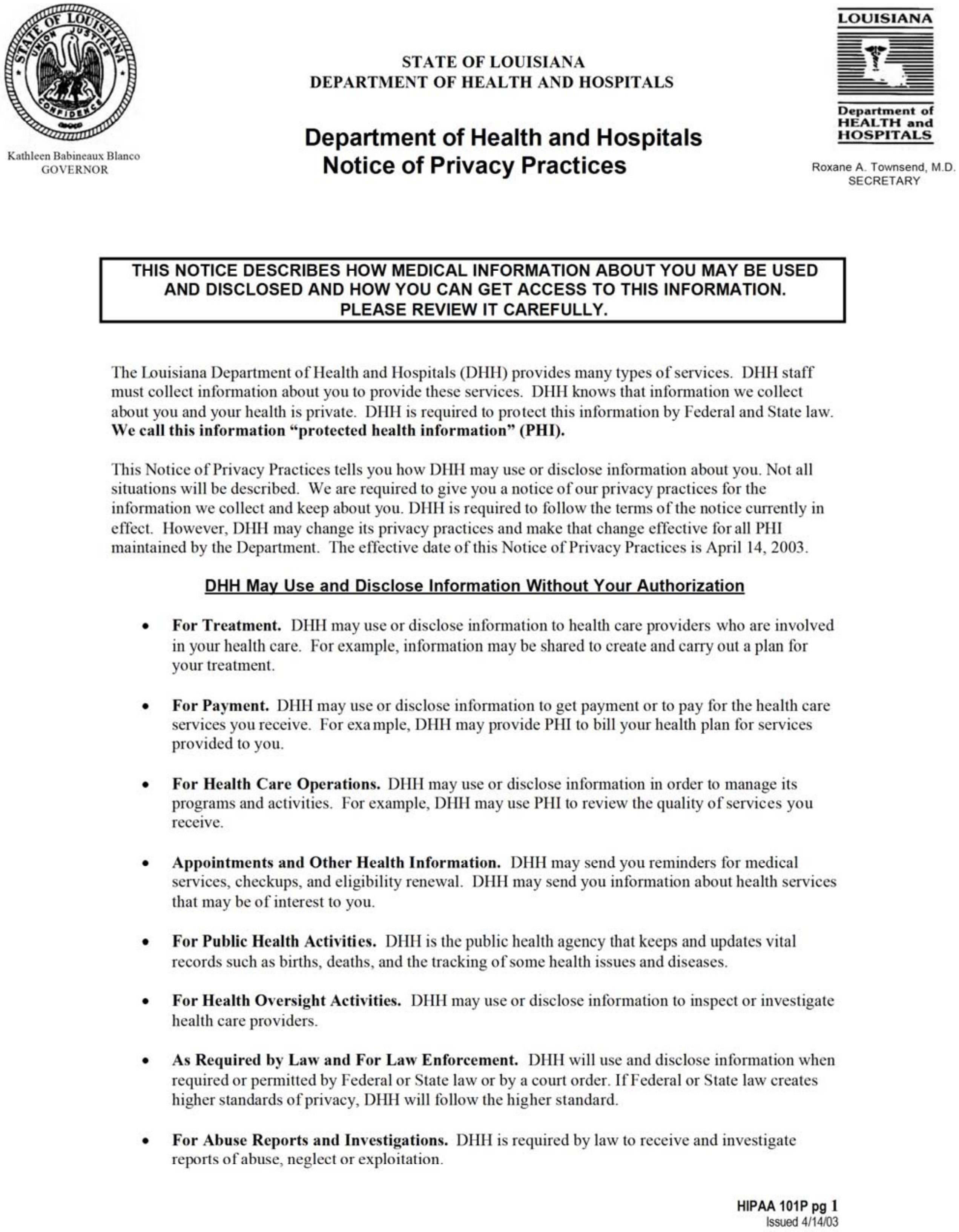
Written Notice Required For other situations, DHH will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. DHH cannot take back any uses or disclosures already made without your authorization.

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 DHH web site at www.dhh.louisiana.gov and looking for the Privacy Policy link at the bottom of the web site. 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 23 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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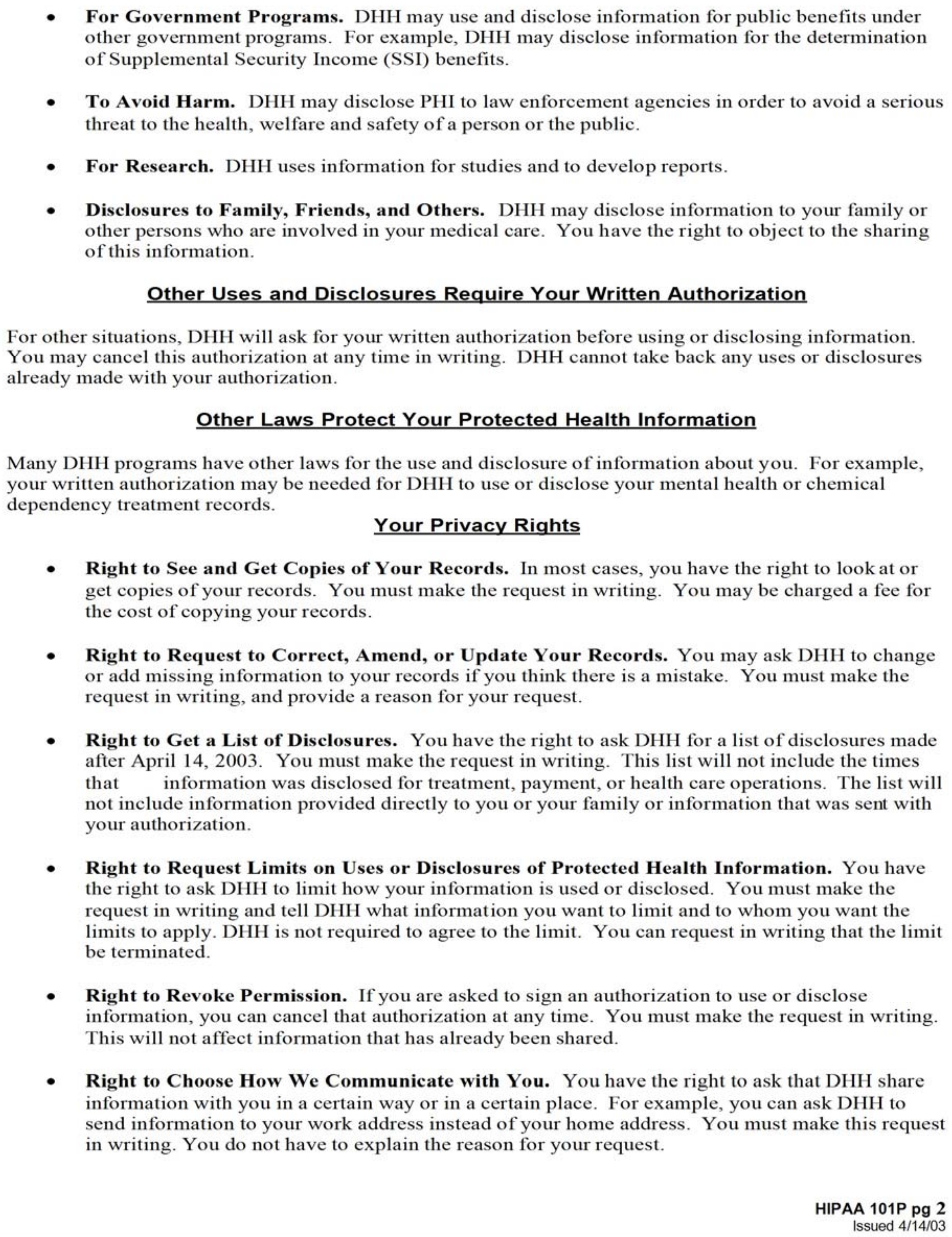
Appendix B. DHH Notice of Privacy Practices, continued



- **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.

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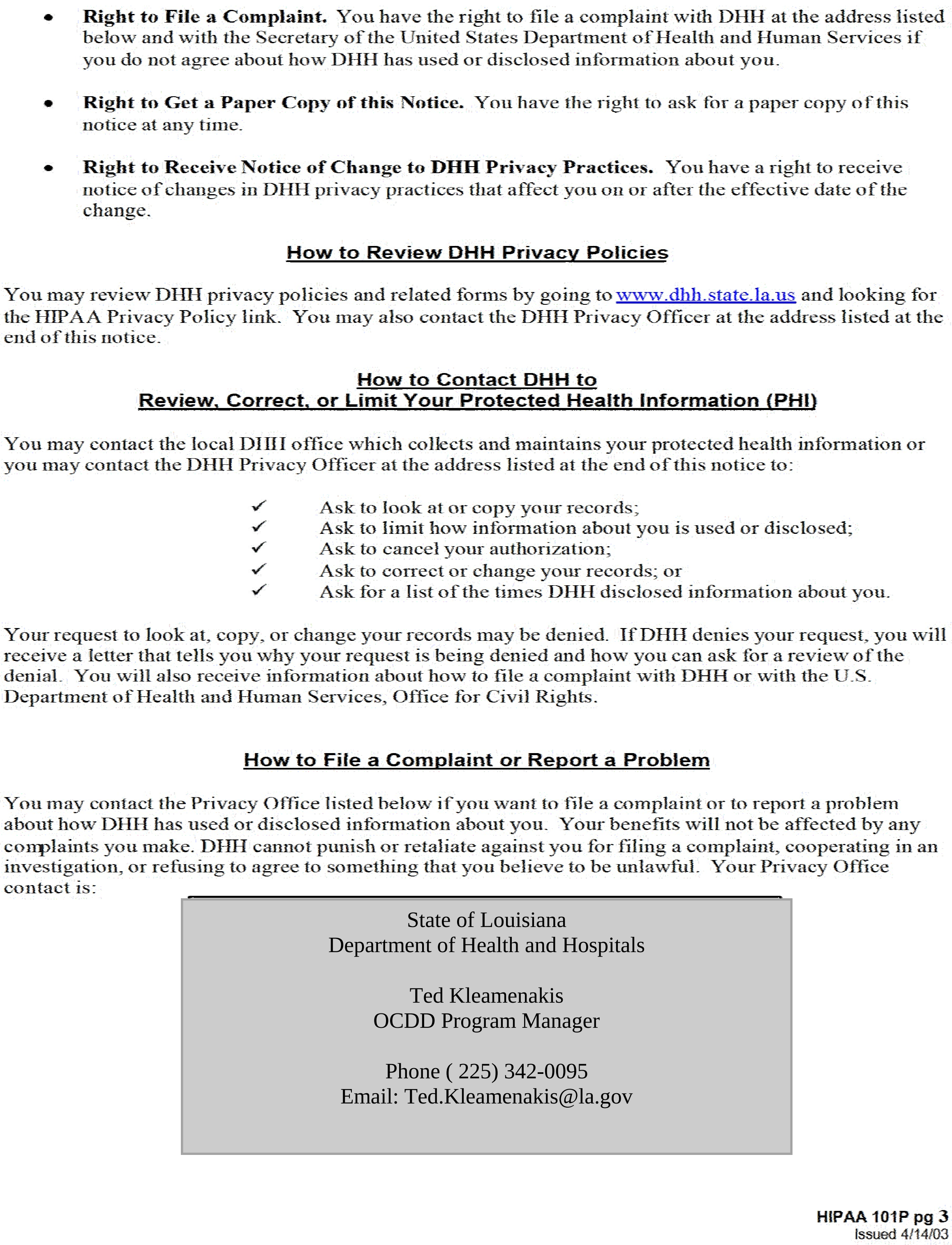
Issued 4/14/03

Appendix B. DHH Notice of Privacy Practices, continued



- **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 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 23 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 23 of this booklet. A customer or a customer's family member does not have to provide his/her name when filing a complaint.

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; and
- 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 <u>access</u> 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 <u>no wait</u> 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 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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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."

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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

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

Appendix G. Legally Authorized Representative

Informed Consent to 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 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 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) ___________________________________

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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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 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 DC _____**

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:

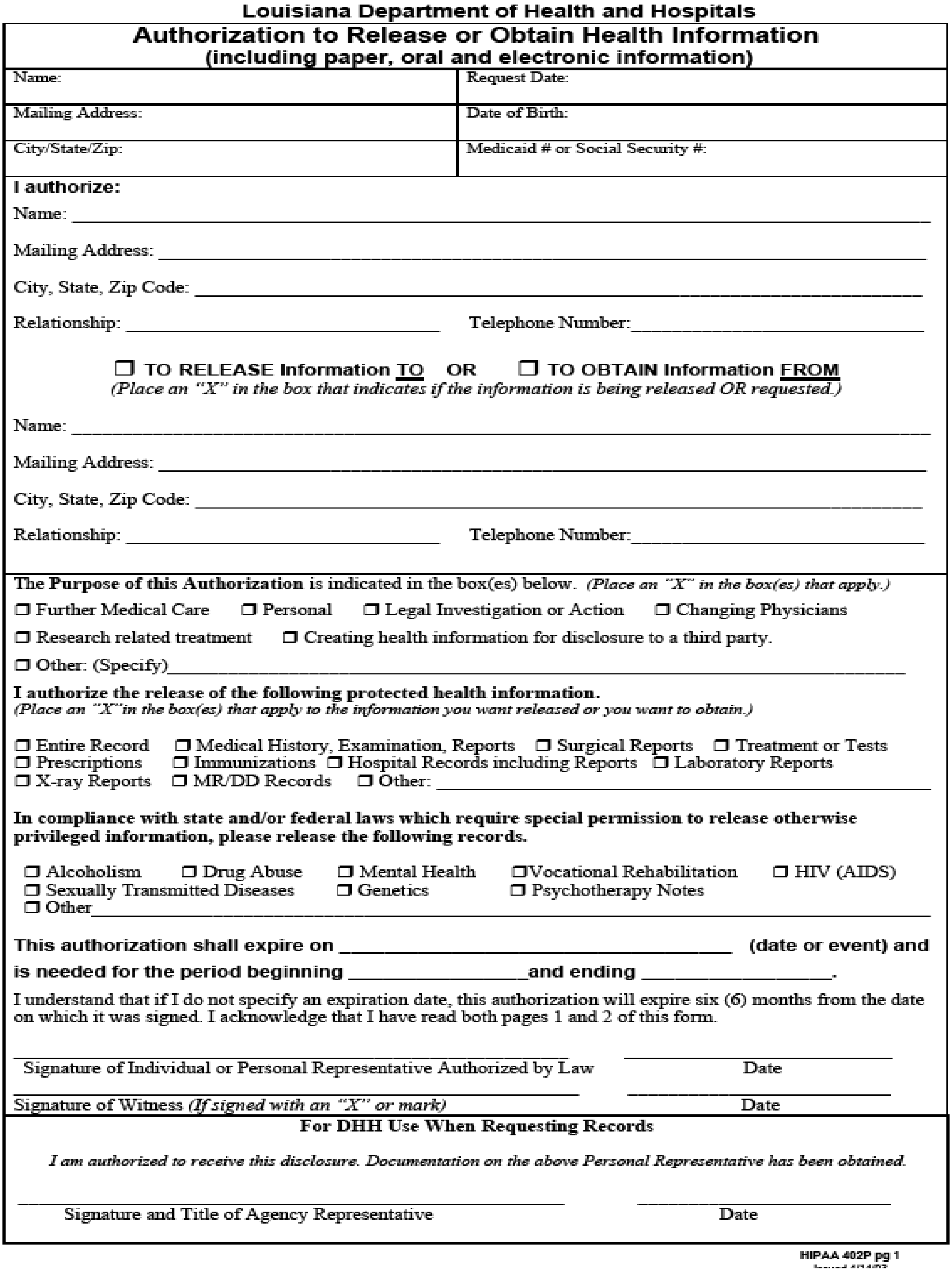
Signature **Date**

SRI:

Date FOC Sent:_________________________________ **Date FOC Received:___________________________**

Date Linked to Case Management:_________________________________

Appendix I. Authorization to Release or Obtain Health Information Form



Louisiana Department of Health and Hospitals

Authorization to Release or Obtain Health Information

(including paper, oral and electronic information)

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

I authorize:

Name: ____________________

Mailing Address: ____________________

City, State, Zip Code: ____________________

Relationship: ____________________ Telephone Number:____________________

☐ TO RELEASE Information TO OR ☐ TO OBTAIN Information FROM

(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.)*

☐ Further Medical Care ☐ Personal ☐ Legal Investigation or Action ☐ Changing Physicians

☐ Research related treatment ☐ Creating health information for disclosure to a third party.

☐ 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 Records ☐ 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

HIPAA 402P pg 1

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

Bienville Building
628 N. 4TH Street
P.O. BOX 3117
Baton Rouge, Louisiana
70821-3117

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