

RIGHTS AND RESPONSIBILITIES

FOR LONG TERM-PERSONAL CARE SERVICES (LT-PCS) APPLICANTS/PARTICIPANTS

What are your **RIGHTS** as a LT-PCS applicant/participant?

- To decide how, where, and with whom you live.
- To be treated with dignity and respect, free from abuse, neglect, and exploitation, and the use of restraints.

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

- To freely choose the providers that work with you, and know that your provider/worker does not have to be at the assessment and planning meeting unless you want them there.
- To receive written accurate, complete and timely information about eligibility, application and assessment for LT-PCS.
- To actively participate in the development of a Plan of Care (POC) that reflects your preferences, and include who you want to help develop your POC.
- To file a complaint, grievance or appeal for a fair hearing.

You may file a complaint or grievance with the provider or the Louisiana Department of Health (LDH) if you are not satisfied with the services offered or provided to you by a provider.

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

For complaints about providers:

Health Standards Section (HSS) complaint toll-free number:
1-800-660-0488

For information about the appeal and fair hearing processes:

Division of Administrative Law – LDH Section: 1-225-342-5800

For general information about LT-PCS and other OAAS Home and Community- Based Services:

Louisiana Options in Long Term Care : 1-877-456-1146

OAAS Help Line toll-free number: 1-866-758-5035

What are your **RIGHTS** as a LT-PCS applicant/participant?

- To receive from the assessor an explanation of what type of services and what amount of each type of service is included or is proposed to be included in your POC.
- To review with the assessor, item by item, the completed Minimum Data Set – Home Care (MDS-HC) assessment to determine if it is accurate before it is used to develop your POC and before the POC is submitted for final eligibility review and processing.
- To receive from the assessor an explanation of the Activities of Daily Living (ADL) Index groups so that you understand your ADL Index score.
- To request more hours of service within your ADL Index score category if you have not been given the maximum number of hours.
- To request more hours of service within your ADL Index score category or in some cases, over the maximum of the ADL Index group you have been assigned, if needed to avoid entering a nursing facility. **No one may receive more than 32 hours/week of LT-PCS.**
- To appeal for more hours if you believe that your MDS-HC assessment was not completed correctly and/or if more hours are needed to avoid entering a nursing facility.
- To have timely access to all approved services included in your POC.
- To receive services and supports from trained and competent workers.
- To receive in writing any rules, regulations, or other changes that affect your participation in LT-PCS.
- To change providers once every three (3) months or at any time with “good cause.”

You have the right to receive information:

- ***Explaining provider responsibilities and requirements for providing services to you***
- ***About how to access Medicaid and non-Medicaid services that may help you***
- ***About your right to register to vote and to receive a copy of the voter registration declaration form and registration application***

If the assessor did not explain all of the above rights to you , call:

Louisiana Options in Long Term Care
at 1-877-456-1146

or

the assessor's supervisor at

() -

What are your **RESPONSIBILITIES** as a LT-PCS applicant/participant?

- To actively participate and cooperate with the assessor and provider in planning for all the services and supports you will be receiving by:
 - Contacting the assessor and/or provider ahead of time when needed, to cancel a scheduled visit;
 - Being courteous and respectful to the worker(s) and assessors;
 - Providing necessary and correct information about yourself; and
 - Telling the assessor(s) about all available paid and unpaid community supports that do or could help meet your needs (examples of community supports include friends, family, and community organizations).
- To cooperate with the provider so that they are able to comply with applicable laws, policies and procedures.
- To maintain a safe and lawful environment.
- To be available to receive planned services.
- To follow the rules of the programs, and if information is not clear, to ask the assessor and/or provider to explain it to you.
- To notify the provider of the address where services will be received if different from your home address.
- To provide your assessor and provider(s) with a telephone number which is routinely answered and through which they can reach you. You also have a responsibility to respond to voicemail messages left by them. It is very important that your assessor be able to contact you regularly.

To immediately report to the assessor and provider who work with you if any of the following changes: your health (including admissions to the hospital or nursing facility); medications; physical condition; level of informal supports; address; phone number; alternate contact number; emergency/evacuation plans; or your financial situation. To report any changes, call:

Louisiana Options in Long Term Care at 1-877-456-1146

What are your **RESPONSIBILITIES** as a LT-PCS applicant/participant?

To cooperate with staff of the Louisiana Department of Health, or its designee, as follows:

In conducting quality monitoring activities. This includes being available for interviews, assessments, and visits.

By allowing them to contact you monthly by phone and visit you once every three (3) months, or more if necessary, in your home for the following reasons:

- To complete assessments and develop your Plan of Care.
- To observe and verify that you are receiving the services listed on your Plan of Care and as reported by your provider.
- To revise your Plan of Care (if needed).
- To respond to complaints.

- To **NOT commit fraud**. You must accurately and honestly verify the amount of services you have received. **NEVER sign service logs that are not accurate and truthful.**
- To refuse to sign any paper that you do not understand or that is incomplete.
(For example: You should NOT sign incomplete or blank service logs)
- To report to the assessor **and** to the HSS complaint line (1-800-660-0488) if you notice differences between what your provider is reporting that they did for you and what services you actually receive (including the number of hours your provider works). You should **NEVER** knowingly sign incorrect time sheets.
- To understand that as a Long Term- Personal Care Services participant, if you fail to receive services for thirty (30) or more days in a row, your LT-PCS case may be closed.

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

RIGHTS AND RESPONSIBILITIES

FOR LONG TERM-PERSONAL CARE SERVICES (LT-PCS) APPLICANTS/PARTICIPANTS

Signature Page

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

Name of Applicant/Participant: _____
(Please print name.)

Signature of Applicant/Participant

Date

Signature of Responsible Representative (if applicable)

Date

Single Point of Access Agency Representative
(if applicable)

Date

This page is to be retained by the assessor.