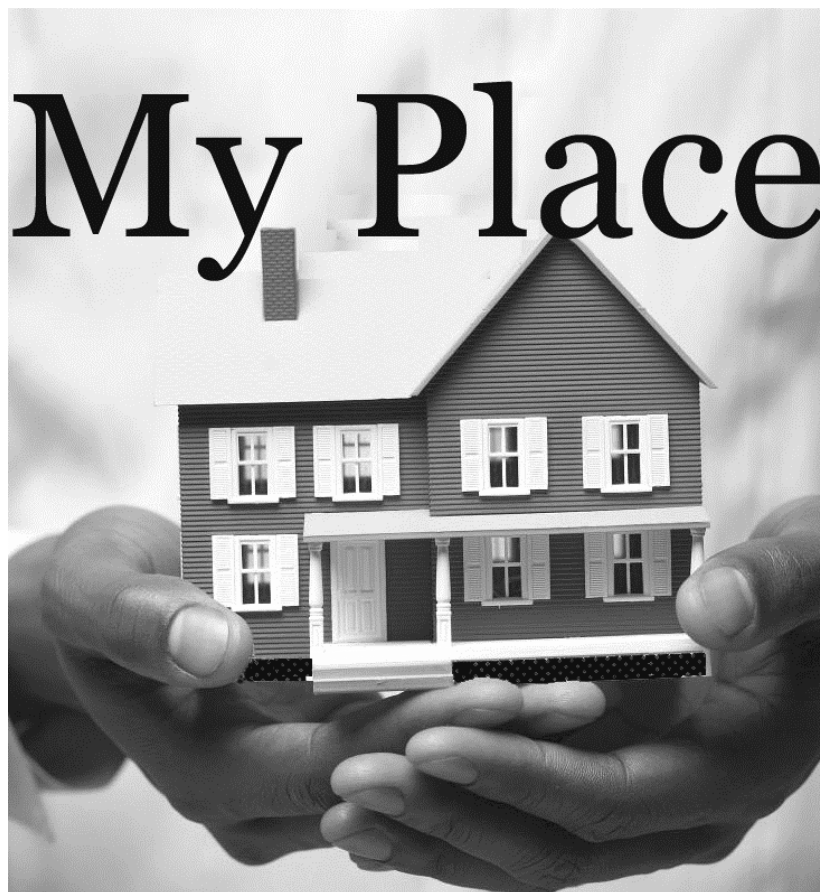


**Participant Information Booklet for
People with Developmental Disabilities in
ICFs/DDs and Nursing Facilities and
Children in Nursing Facilities and
Specialty Hospitals**

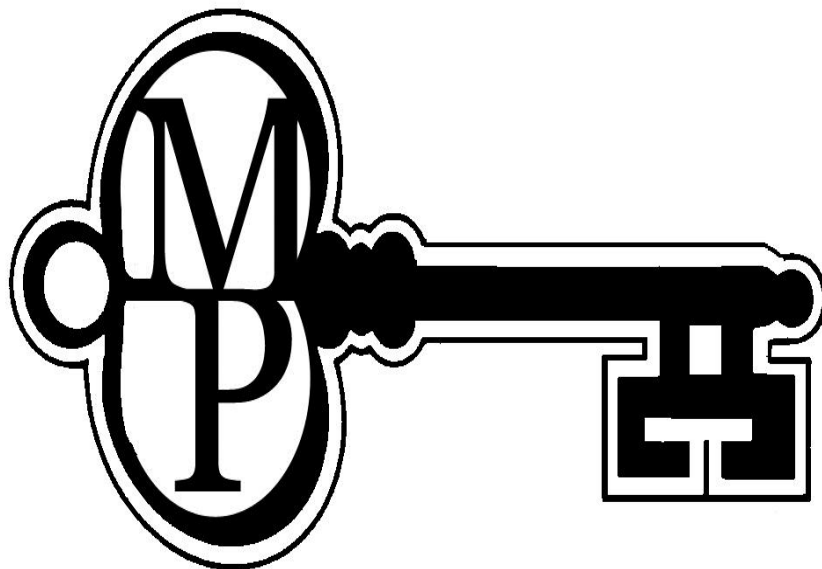


Louisiana

**Louisiana Department of Health (LDH)
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, nursing facilities, and
specialty hospitals to transition
to home and community-based
living settings.

Individuals must have resided in a qualified
institutional setting for at least 90 days



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 8:00 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:

<http://new.dhh.louisiana.gov/index.cfm/page/147>

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 the My Place Louisiana Demonstration?

The Money Follows the Person (MFP) Rebalancing Demonstration is a Center for Medicare and Medicaid Services (CMS) grant designed to help states try new ways of delivering Medicaid services. In Louisiana the MFP Demonstration is called My Place Louisiana which helps people transition (aka move) from qualified institutions into home and community-based living settings and then follows those individuals for the first year of waiver services to help ensure a successful transition. My Place Louisiana Transition Coordinators work with support coordinator and provider agencies to provide assistance to ensure the health, safety and successful transition of people participating in waivers.

The Louisiana Medicaid Office is working with the Office for Citizens with Developmental Disabilities (OCDD) and the Office for Aging and Adult Services (OAAS) to implement My Place Louisiana, which is a 13-year (2008-2020) program focusing on Medicaid funding and following participants in transitioning from qualified institutions to home and community-based living settings.

Does MFP Rebalancing Demonstration = My Place Louisiana?

Yes. 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 house or apartment, at home with family, or in a 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, see the case studies on the website:

<http://new.dhh.louisiana.gov/index.cfm/page/147>

How does someone enroll in My Place Louisiana?

If an individual is in a qualified institution and receives a waiver offer they should contact the My Place Program Manager, Faimon Roberts, Faimon.Roberts@la.gov or by calling (225) 342-6718.

Parents of children (before the child's 19th birthday) in nursing homes or specialty hospitals should contact Faimon Roberts to see if their child is eligible for the My Place program.

Introduction to My Place Louisiana, continued

What are the eligibility requirements for participations in My Place Louisiana?

OCDD My Place Louisiana Eligibility Requirements:

- Individuals must currently reside in a qualified institution [public or private intermediate care facilities for the developmentally disabled (ICFs/DD), specialty hospitals, and/or nursing facility] and have resided in the institution for at least 90 consecutive days;
- Be transitioning to the community;
- Be Medicaid eligible;
- Be receiving an OCDD waiver such as a New Opportunities Waiver (NOW), Residential Options Waiver (ROW) or Children's Choice (CC) waiver; and
- Complete My Place Louisiana Informed Consent (IC) with a trained IC administrator.

What assistance and benefits may participants receive through OCDD My Place Louisiana?

Below are examples of assistance that will be available for people participating in the My Place program either pre-transition or during the demonstration period (first 365 days post-transition):

Pre-transition assistance:

- Community Living Training and Assistance Funding for pre-move activities such as identifying possible housing, securing identification documents, and purchasing needed items that are not covered by other Medicaid or state-funded programs
- Facilitated Family Communication - Family counseling for caregivers and siblings of individuals with DD moving home from nursing facilities, ICFs/DD, and hospitals
- Physician Consultation - Support for transition planning and completion of documents (90L)
- Housing Relocation Assistance - Real estate agents assigned to identify possible housing
- Direct Support Workforce Specialization Training
 - Positive Behavior Supports (12 hours)
 - Nursing/Medical/Physical Supports Training (24 hours)

Introduction to My Place Louisiana, continued

Post-transition assistance:

- My Place Transition Coordinators - Available during transition planning and for 365 days following the transition to work with Support Coordinator (SC) and providers to make the transition successful
- Post Move visits - My Place Transition Coordinators will visit individuals once they have transitioned to determine if planned services are being received and to assist SC and provider, should any issues arise that could result in re-institutionalization
- 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.
- Direct Support Workforce Specialization Trainings
 - Positive Behavior Supports (12 hours)
 - Nursing/Medical/Physical Supports Training (24 hours)

What is needed for participation in My Place Louisiana?

A person must meet all program eligibility requirements. If a person qualifies for My Place Louisiana, he/she or a legally authorized representative must participate in a discussion of the individual's needs and wants when they plan to move to the community and sign the Informed Consent Form(s) for program participation. The person, legally authorized representative or parent must participate in all transition planning.

Is My Place Louisiana only for people who need housing or additional things outside of waiver services?

No. My Place Louisiana is for anyone transitioning from a qualified institution [nursing facility, hospitals and/or intermediate care facility for the developmentally disabled (ICF/DD)] to the community with waiver services. Center for Medicare and Medicaid Services and Louisiana Department of Health and Hospitals are very interested in capturing data and giving Medicaid recipients a voice in how they receive services.

Does My Place Louisiana offer or provide housing?

No. My Place Louisiana can offer assistance in locating housing through our Realtor Assistance program and/or assist institutionalized individuals in applying for Permanent Supportive Housing (PSH) or the Section 811 Project Rental Assistance Programs.

Introduction to My Place Louisiana, continued

Is there a cost for participants enrolled in My Place Louisiana?

No. Participation is free.

How do I contact the My Place Louisiana Staff?

My Place Program Manager: **Faimon Roberts**, Faimon.Roberts@la.gov, (225) 342-6718.

My Place Transition/QM Coordinator: **Krista Tipton** (Children in Nursing Facilities or Specialty Hospitals), Krista.Tipton@la.gov, (601) 259-2646.

My Place Transition/QM Coordinator: **Keith Bailey** (People in Private and Public ICFs/DD), Keith.Bailey@la.gov, (318) 264-8702.

My Place Transition Assistance Program Monitor: **Alan Dominique**, Alan.Dominique@la.gov, (225) 342-6810.

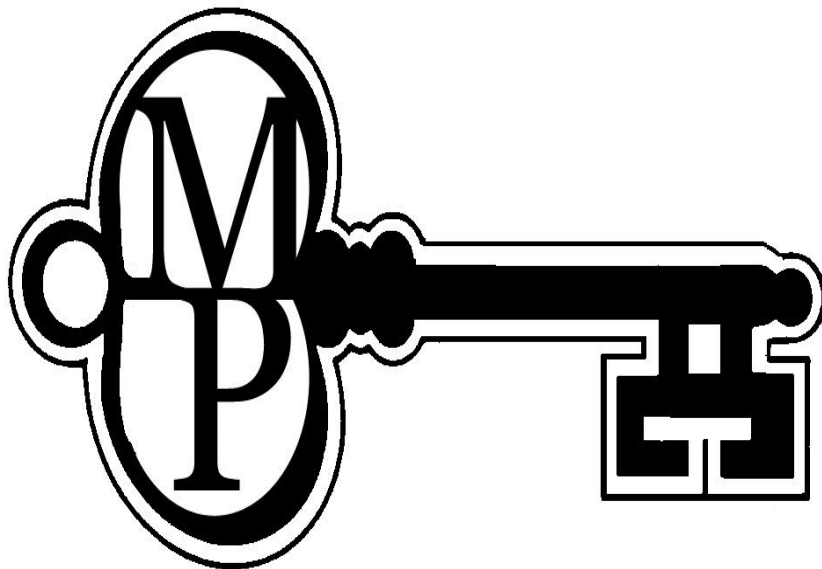
My Place Data Resources Coordinator: **Courtney Roth-Hernandez**, Courtney.Roth-Hernandez@la.gov, (225) 342-1671

What if I have additional questions about My Place Louisiana?

Feel free to contact Faimon Roberts, My Place Program Manager at Faimon.Roberts@la.gov or (225) 342-6718 to discuss the program.

Assistances and Eligibility Details

MY PLACE LOUISIANA FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES



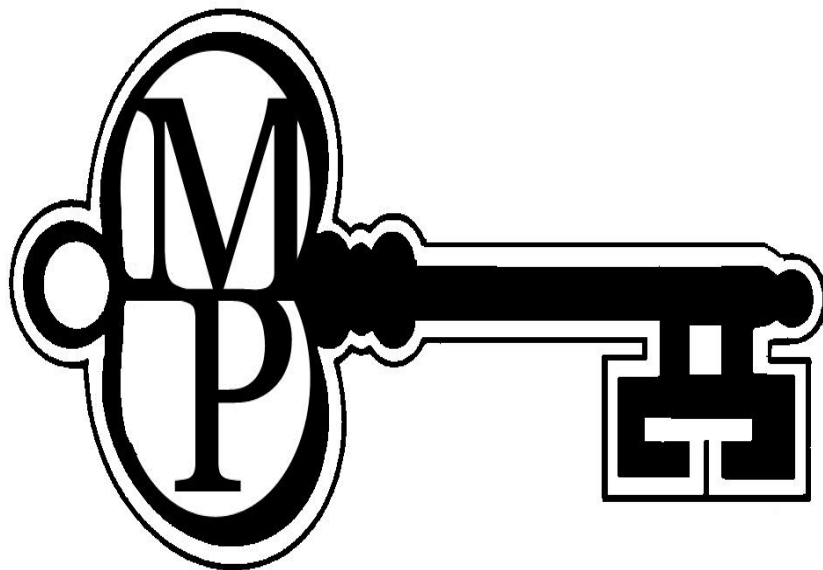
MY PLACE LOUISIANA PROGRAM ELIGIBILITY CRITERIA

- 1. The participant must reside in a licensed, approved, and enrolled Medicaid ICF/DD, nursing facility, or specialty hospital.**
- 2. The participant must have lived in the institution for at least 90 consecutive days. No maximum term applies.**
- 3. The participant must be Medicaid eligible, eligible for state developmental disabilities services, and meet ICF/DD Level of Care.**
- 4. The participant or his/her legally authorized representative must provide Informed Consent for both transition and participation in My Place Louisiana.**
- 5. Participants in an ICF/DD must complete the Individual Review described in My Place Louisiana Policies #805 and #806.**

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).

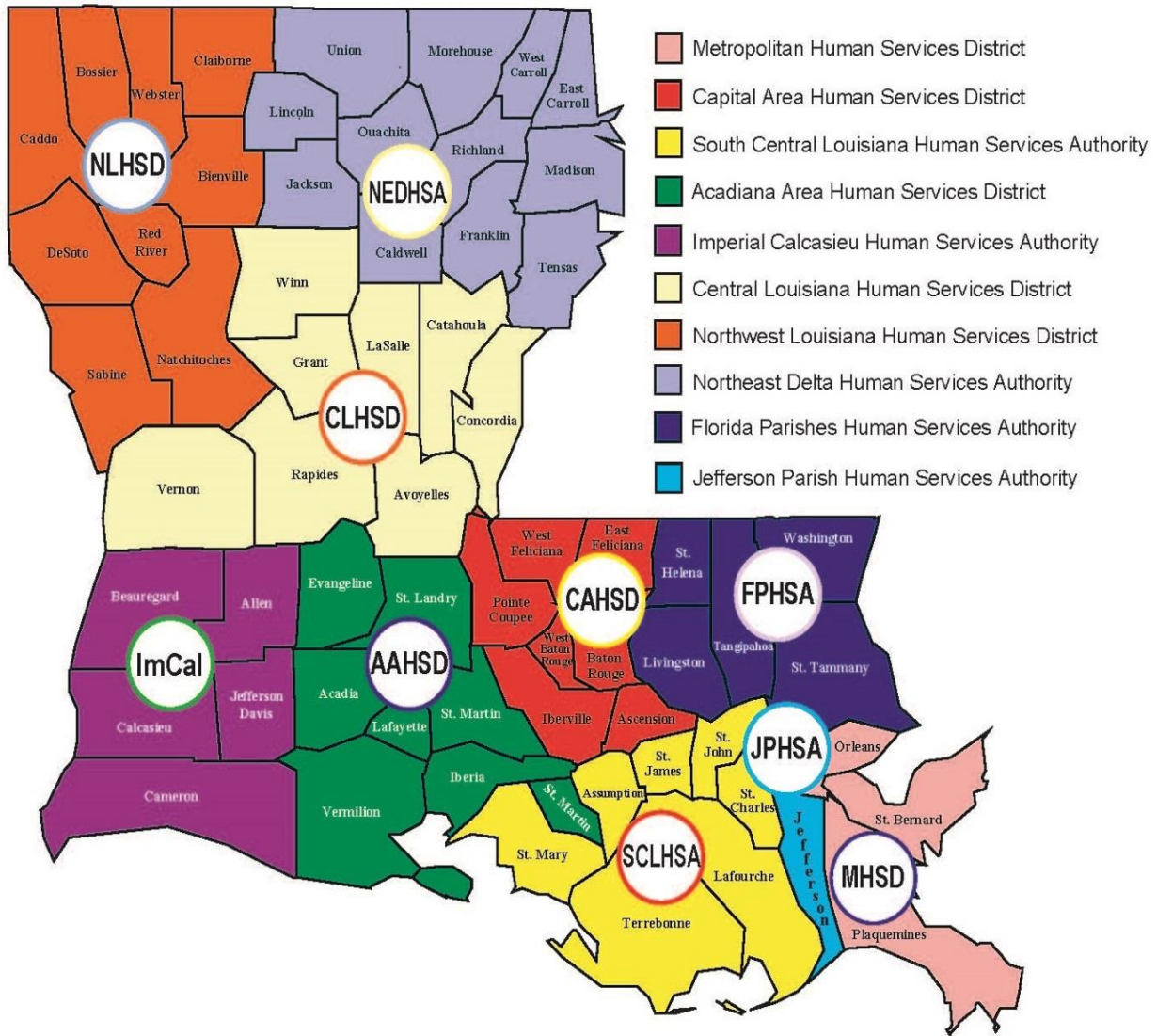
Transitioning to the Community

**MY PLACE LOUISIANA FOR PEOPLE
WITH DEVELOPMENTAL
DISABILITIES**



Office for Citizens with Developmental Disabilities

Human Services Districts/ Authorities



For current contact information, use the links below.

Metropolitan Human Services District <http://www.mhsdla.org/>

Capital Area Human Services District <http://www.cahsd.org/>

South Central Louisiana Human Services Authority <http://www.sclhsa.org/>

Acadiana Area Human Services District <http://www.aahsd.org/site.php>

Imperial Calcasieu Human Services Authority <http://imcalhsa.org/>

Central Louisiana Human Services District <http://new.dhh.louisiana.gov/index.cfm/directory/detail/240>

Northwest Louisiana Human Services District <http://www.nlhsd.org/>

Northeast Delta Human Services Authority <http://www.nedeltahsa.org/index.php?ns=home>

Florida Parishes Human Services Authority <http://www.fphsa.org/>

Jefferson Parish Human Services Authority <https://www.jphsa.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, and 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 she 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 E) and a policy on reporting and resolving complaints (Appendix F).

Appendices

My Place Louisiana Participant Information Booklet for People with Developmental Disabilities

- A. Informed Consent**
- B. My Place Informed Consent Forms**
- C. Rights and Responsibilities in OCDD Waivers**
- D. LDH Notice of Privacy Practices — Information Sheet**
- E. LDH Abuse/Neglect Policy — Information Sheet**
- F. OCDD Customer Complaint Policy — Information Sheet**

Appendix A. 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, 2008 through September 30, 2020. 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, 2020, the state will identify people who live in institutions and want to transition using the Demonstration. Participation is limited to approximately 519 people statewide.

The Demonstration will support Louisiana’s efforts to:

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

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

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

Appendix A. 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 A. 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 A. 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 A. Informed Consent, continued

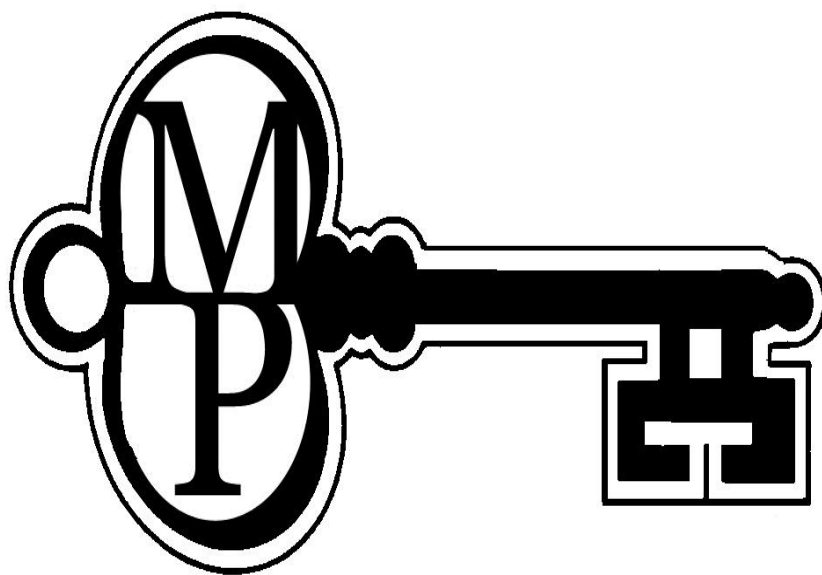
Privacy and Confidentiality

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 LDH. Your information is private and LDH is required by Federal and State law to protect it. You will be given a copy of LDH's Notice of Privacy Practices, which contains general information about how LDH 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 B.

My Place Informed Consent Forms



Louisiana Department of Health

Office for Citizens with Developmental Disabilities

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, 2020. 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 LDH'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): _____

Signature of Witness (**required**)

Print Name

Date of Signature

Louisiana Department of Health

Office for Citizens with Developmental Disabilities

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, LDH 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.

Print Your Name: _____ Signature _____

You represent: _____ Date _____

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 LDH staff | YES / NO |
| H. Someone else: _____ | YES / NO |

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

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

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

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

**OCDD/My Place: Request to Assign
Children's Choice (CC), Residential Options Waiver (ROW), or New
Opportunities Waiver (NOW)**

My Place Participant --MFP Demonstration

Full Facility Name:		Facility Address –street/ city/ zip code:	
Individual's Name:		Facility Phone #:	Regional Administrative Unit:
Social Security Number:		RAU Staff Name/ Title Completing Form:	
Date of Birth:		RAU Staff Phone and Fax Numbers: () Phone /Fax	
OCDD Waiver Type: <input type="checkbox"/> Children's Choice <input type="checkbox"/> ROW <input type="checkbox"/> NOW		RAU Staff E-Mail Address:	
Legal Status: (If other than Competent Major or child under 18 with parent, appropriate forms <u>must</u> be attached) <input type="checkbox"/> Competent Major <input type="checkbox"/> Interdicted (copy of Legal Document enclosed for adults) <input type="checkbox"/> Authorized Representative (Notarized OCDD-AR-100 attached) <input type="checkbox"/> In LDH Custody (Copy of the Court Order/Commitment Papers) Person Legally Responsible to sign and act on the individual's behalf: _____ <input type="checkbox"/> Minor (Signature of the Legally Authorized Representative required below)			
Name		Signature:	
Address:			
Office Phone #		Fax #:	
Cell Phone #		Home Phone #:	
LDH Regional Administrative Unit in which Individual will reside after discharge:			
Date of Request by Applicant:		MFP Program Manager Approval (Sign and Date)	
Date Received by SRI:			
SRI Approval:			
Signature		Date	
SRI:			
FOC Sent: _____		FOC Received: _____	
Date		Date	
Linked to Case Management: _____			
Date			

My Place Participant -- MFP Demonstration



Louisiana Department of Health and Hospitals
Authorization to Release Health Information
(including paper, oral and electronic information)



Name:	Social Security #:	
Mailing Address:	Date of Birth:	
City/State/Zip code:	Telephone #:	
I authorize any provider that has treated me or is presently treating me to release requested Protected Health Information (PHI) to:		
Agency Name:		
Mailing Address:		
City/ State/ Zip code :		
<p>As the purpose of this authorization is to establish Medicaid eligibility, I authorize the release of all of the following protected health information: Medical History, Examination, Reports, Surgical Reports, Treatment or Tests, Prescriptions, Immunizations, Hospital Records including Reports, Laboratory Reports, X-ray Reports, DD Records, Discharge summaries</p> <p>In compliance with state and/or federal laws which require special permission to release otherwise privileged information, please release any of the following records that are applicable: Alcoholism, Drug Abuse, Mental Health, Vocational Rehabilitation, HIV (AIDS), Sexually Transmitted Diseases, Genetics, Psychotherapy Notes</p> <p>I do not authorize the release of the following types of my health information: (If none, leave blank)</p> <p>_____</p>		
Please provide medical records for the time period of _____ through _____.		
This authorization to release medical information shall expire on: _____ (date)		
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. I authorize a copy (including electronic or faxed copy) of this form for the disclosure of the information described above.		
Signature of individual or personal representative authorized by law		Date
FOR OFFICE USE ONLY:		
Agency Representative:		Date:
Telephone:	Fax:	Email:

Appendix C: 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 C: 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, which 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 C: 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 D. LDH Notice of Privacy Practices Information Sheet

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

Notice of Privacy Practices This Notice of Privacy Practices tells you how LDH 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. LDH is required to follow the terms of the notice currently in effect. However, LDH 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, LDH will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. LDH cannot take back any uses or disclosures already made without your authorization.

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

Finding Out More or to Discuss Privacy Issues You may review LDH privacy practices policies by going to LDH 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 LDH. Your information is private, and LDH is required by Federal and State law to protect it. You will be given a copy of LDH's Notice of Privacy Practices, which contains general information about how LDH 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 D. LDH Notice of Privacy Practices



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

Department of Health and Hospitals Notice of Privacy Practices



Roxane A. Townsend, M.D.
SECRETARY

**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.

Appendix D. LDH 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.

Appendix D. LDH 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:

<p style="text-align: center;">State of Louisiana Department of Health and Hospitals</p> <p style="text-align: center;"><i>INSERT PROGRAM OFFICE INFORMATION HERE INCLUDING EMAIL ADDRESS</i></p> <p style="text-align: center;">Phone: () - Email: <u>privacy-</u> <u>@dhh.la.gov</u></p>

Appendix E. LDH 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 LDH Abuse/Neglect Policy will be provided to you by your Support Coordinator when you sign your waiver documents.

Client - Any person receiving services from LDH or affiliate of LDH.

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 you:

- 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 12 of this booklet.

Responses to Incidents

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

Abuse/Neglect Data

Abuse/Neglect data is used by LDH 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 F. 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.

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 8:00 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:

<http://new.dhh.louisiana.gov/index.cfm/page/147>

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.