



Money Follows the Person (MFP)

Rebalancing Demonstration

My Place Louisiana

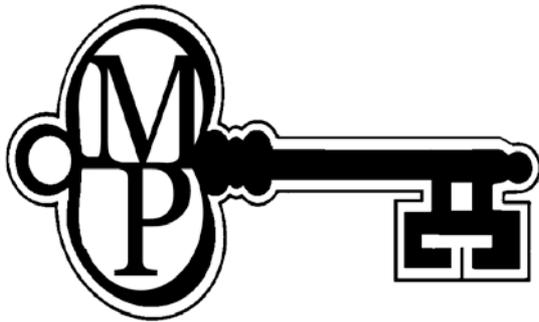
**Training for**

**Administration of Informed Consent**

# *My Place Louisiana*

*December 12, 2014*

## **Today's Presenters**



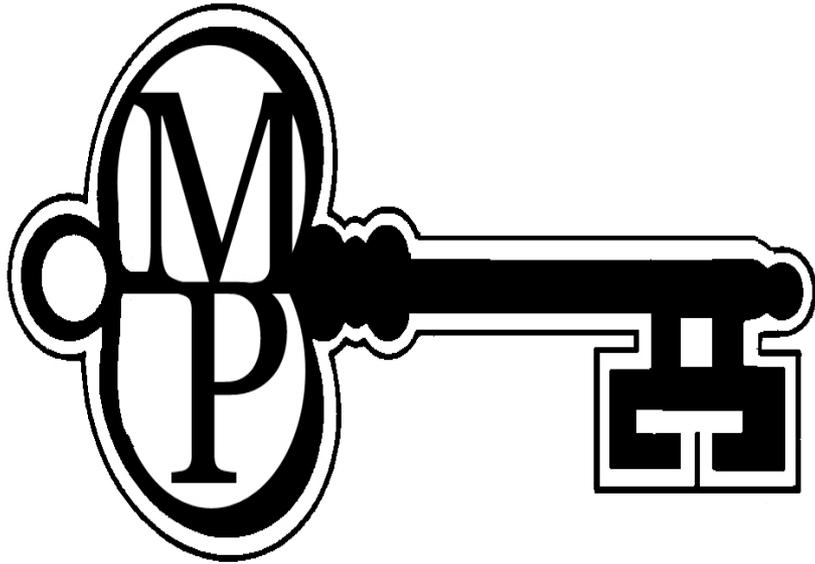
Faimon Roberts  
Lawand Johnson  
Krista Tipton

# Handouts

- My Place info sheet
- Sign Up Now! flier
- My Place Louisiana: Transition of Persons from ICF/DD Participant Information Booklet (pages 40-44)
- Participant Signature Form
- Legally Authorized Representative Support Form
- Request to Assign
- Individual Review
- Authorization to Release or Obtain Health Information
- Revocation of Informed Consent
- Power Point for Presentation

# Learning Objectives

- Be familiar with the basics of the My Place program
- Identify who can provide informed consent
- Correctly carry out administration of informed consent materials, including completion of required forms
- Recognize who may serve as a “representative” of a consumer during the informed consent process.
- Understand requirements for involvement of legally authorized representatives



# Introduction to My Place Louisiana

# The MFP Demonstration = *My Place*

- *My Place Louisiana* is the marketing name for the MFP Rebalancing Demonstration.
- Consumers, families, and other stakeholders will receive My Place/My Place Louisiana-titled materials
- My Place Louisiana is a more person-friendly title and was selected by stakeholders in the Marketing committee.
- Policies and procedures refer to the program as “Demonstration”

# What is a Demonstration?

- Assists states to **try new ways of delivering** Medicaid services
- Demonstration Projects:
  - Study the likely impact of new methods of service delivery,
  - Provide data to help CMS validate research and demonstration findings
- **This is a research project where personal data will be circulated to CMS contractors. Thus the need for informed consent.**

# MFP Rebalancing Demonstration

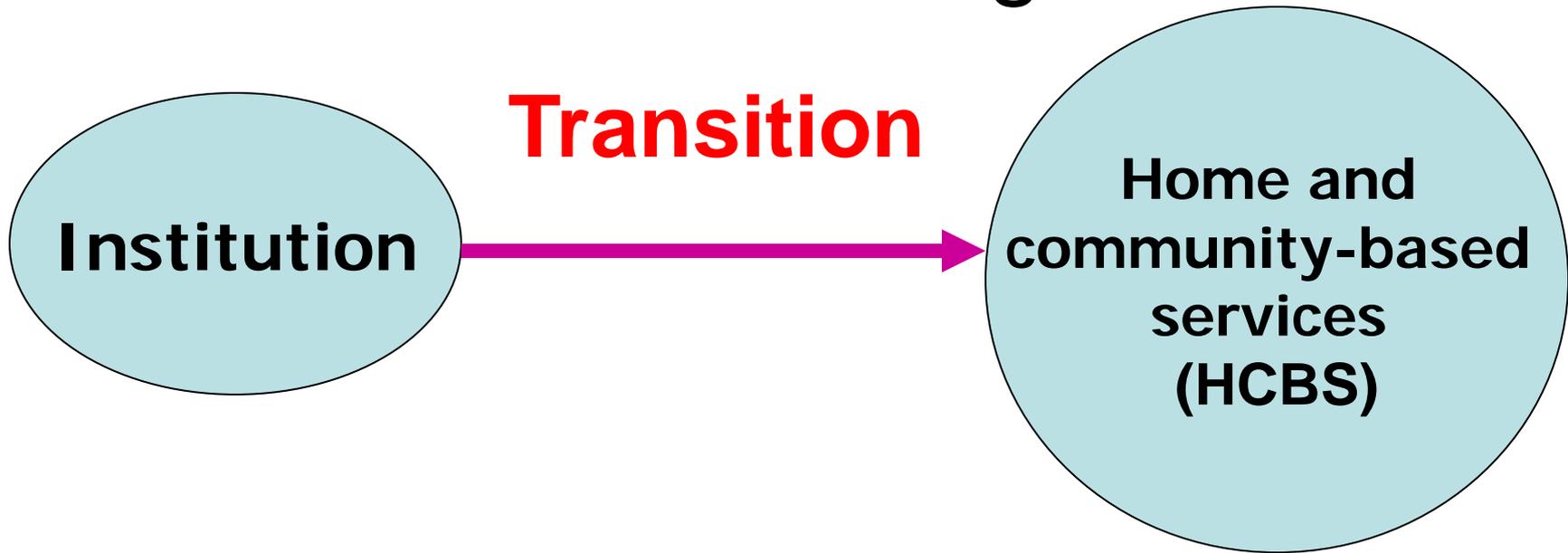
The MFP Rebalancing Demonstration is a collaboration between the DHH offices of

- **Louisiana Medicaid** (also known as the Bureau of Health Services Financing-BHSF)
- Office of Aging and Adult Services (**OAAS**)
- Office for Citizens with Developmental Disabilities (**OCDD**)

# MFP Rebalancing Demonstration

- Louisiana is participating in this program with **45 other states and U.S. territories.**
- Louisiana's program runs May 2007 through **September 30, 2018.**
- The Demonstration is implemented through an **Operation Protocol.** This is a procedural manual.
- Louisiana's Demonstration award is upwards of \$45 million.

# My Place Louisiana is a Transition Program



Only persons moving directly from an **ICF/DD, nursing home, hospital, or DNP (Florida Parishes)** to the waiver program are eligible.

Persons living at home with family or using some service type other than the institutional services described above **ARE NOT ELIGIBLE.**

**Additional eligibility criteria are discussed in this presentation.**

# My Place Transition Assistance

- Access to waiver services
  - NOW and ROW only accessed via RFSR, NOW-DC, or Emergency offers
  - Children’s Choice and ROW accessed by birth through age 18 at risk for or in nursing facility placement. Designated “slots.”
- Assigned Transition/QM Coordinator to follow case
- Pre and Post-Move Assistance [Booklet page 6 and 7](#)

# My Place Transition Assistance

- Pre-Move Supports
  - Community Living Training and Assistance – funding for pre-move activities, transportation, securing housing, identification documents, needed home items
  - Family Training in Direct Care Responsibilities
  - Health Care Communication -- support for people who do not speak English
  - Legal Consultation

# My Place Transition Assistance

- Pre-Move Supports
  - Physician Consultation – Support for transition planning and completion of transition documents (90L)
  - Housing Relocation Assistance – Real Estate agents assign to find the person housing
  - Louisiana Housing Search website
  - Direct Support Workforce Specialization Training
    - Two curricula
      - Positive Behavior Supports (14 hours)
      - Nursing/ Medical/ Physical Supports Training (24 hours)

# My Place Transition Assistance

- Pre-Move Assistance generally address barriers to
  - Finding housing and securing it in timeline for move (including paying rent to hold a unit when a person has a move date)
  - Paying refundable deposits TEPA won't cover
  - Providing funding for persons who cannot access TEPA
  - Providing funding for environmental mods and equipment in excess of waiver limits
  - Providing monies for transportation, appointments to doctors who won't accept Medicaid, to purchase over the counter items or medical items not covered by Medicaid, and other supports

# My Place Transition Assistance

- Post-Move Supports
  - Available for 365 days following move (“Demonstration Period”)
  - Transition Maintenance – When other resources are not available to address barriers to a successful transition
  - Post move visits by My Place Transition Coordinators seeking to identify needs and/or problems to successful transitions

# My Place Transition Assistance

- Enhancement of waiver QM/assurances structure
  - Works with the QM/assurance system following each participant individually, never “sampling”
- Quality of Life Surveys
  - Before move and annually after move for 2 years

# My Place Transition Assistance

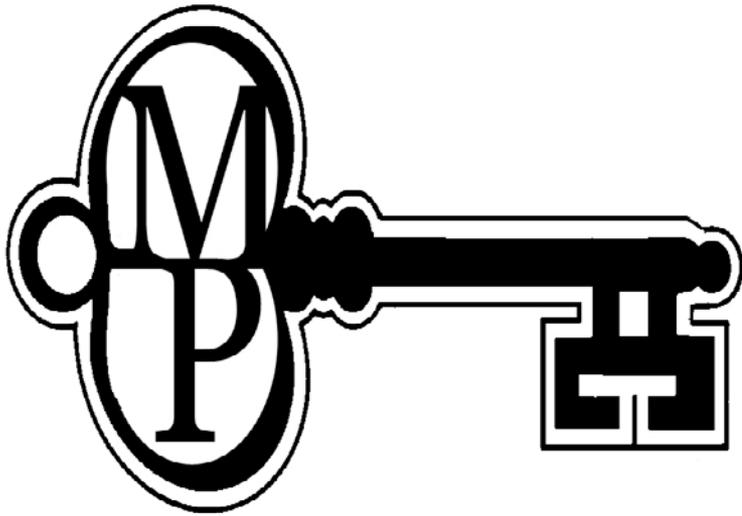
- My Place Assistance begins before the participant transitions
- The My Place “**Demonstration Period**” of active assistance is for the first 365 days the participant is in the waiver.

# After My Place Transition Assistance Ends

- Services will continue per the traditional waiver mechanism.
  - People are enrolled in a waiver “slot” from the date of transition.
  - No special planning or change-over required.
  - Participant and provider see no change.
- Participants must remain eligible to use services.
- CMS continues to access individual data.

# My Place Benefits for OCDD

- Enhanced federal match dollars for 365 days of service leave more state funds available
- Support to Rebalance the service system- 100% federal funds for training and infrastructure development
- Longitudinal data set to assist in long-term care policy-making
- Free technical assistance in improving the overall HCBS quality management system



# **My Place Eligibility**

# My Place Eligibility

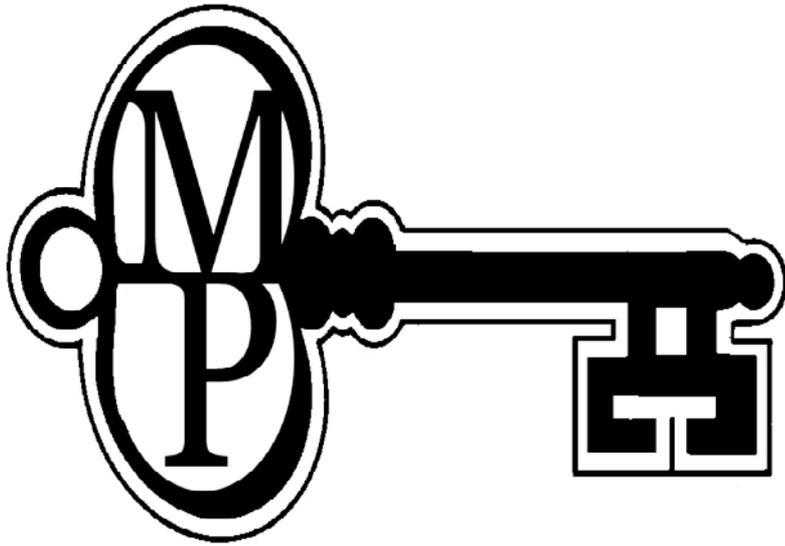
- The participant must **occupy a licensed, approved, and enrolled Medicaid ICF/DD bed.**
- The participant must have used, for **at least 90 days consecutively**, an institutional service inclusive of ICF/DD, psychiatric hospital, or acute care hospital. No maximum term applies.

# My Place Eligibility

- The participant **must be Medicaid eligible**, eligible for state developmental disabilities services, **meet ICF/DD Level of Care.**
- The person **must receive a waiver offer.**
  - My Place does not allow persons in private ICFs/DD to skip the RFSR to receive an offer.

# My Place Eligibility

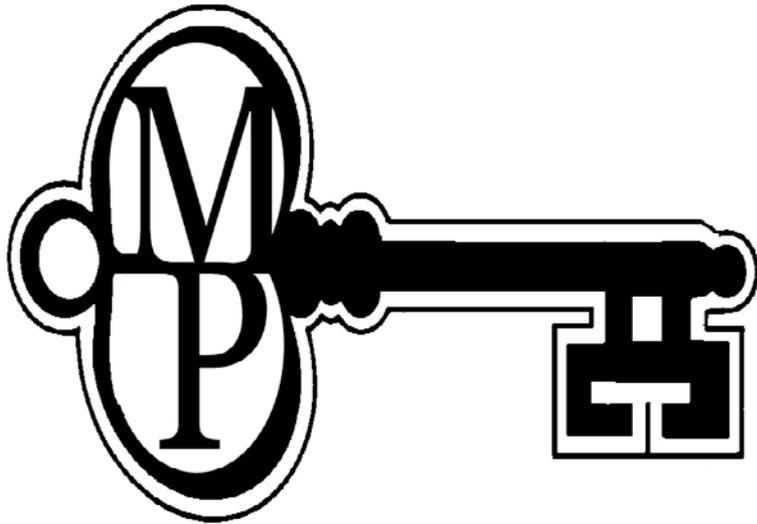
- The **participant** or his/her **legally authorized representative** must provide **informed consent** for both transition and participation in the demonstration.
- The participant **must complete** the **Individual Review** described in MFP Policy #806.



# **Timelines: Signing Up for My Place**

# Signing Up for My Place

- My Place informed consent should occur as close as possible to when a person accepts a waiver offer/is linked.
- My Place generally cannot accept new participants after the CPOC meeting.
  - My Place must be involved in the CPOC meeting to meet CMS-approved program requirements.



**Informed  
Consent to  
Participate in  
My Place**  
*Information &  
Marketing to  
Families and  
Potential  
Participants*

# NOW Offers from RFSR

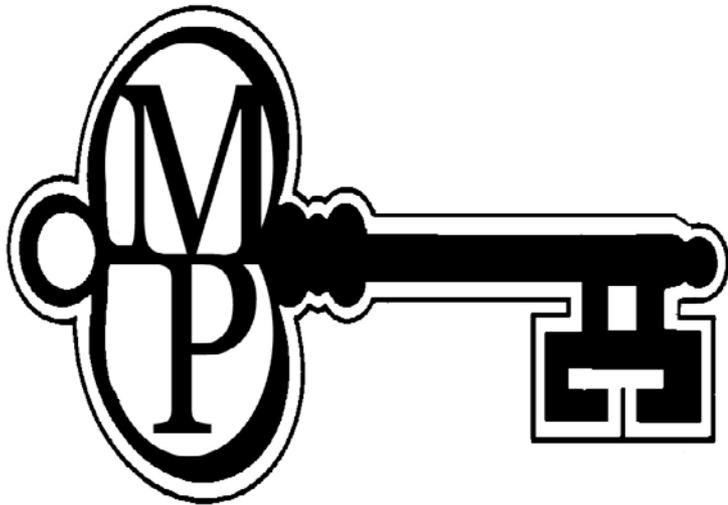
- NOW offer packets will include the flier about My Place – **Sign Up Now!**
- My Place establishes a meeting schedule with the Support Coordinator to begin transition support. This generally **occurs at the CPOC meeting** to establish the person's needs.

# Mailings to Families

- It is acceptable to mail information to families not in region or easily accessible and follow with discussion over the phone, walking family through the IC process.
- Mail to the family:
  - My Place Participant Information Booklet for ICF/DD

# For Competent Majors

- IC is conducted face to face.
- Use the My Place Participant Information Booklet for ICF/DD



## Definitions

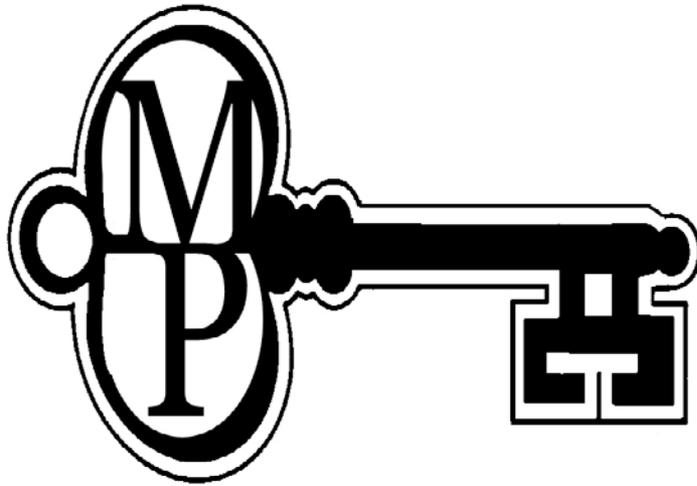
Policy #: MFP-801, 802, 803, and 804

# Definitions

- **Facility treatment team** means the assigned staff providing services to an individual within a particular agency.
- The **Transition Support Team** is facilitated by the **Support Coordinator** and includes the participant, legally authorized representative, family members, Facility Treatment Team, home and community based providers, professionals, and others, as appropriate or requested by the participant. The Transition Support Team is charged with developing the transition planning and Individual Support Plan for waiver services.

# Definitions

- **Legally authorized representative** is a court-appointed curator, curatrix, or continuing tutor of an adult (age 18 or older). In the case of children under age 18, the legally authorized representative is a parent or court-appointed tutor.

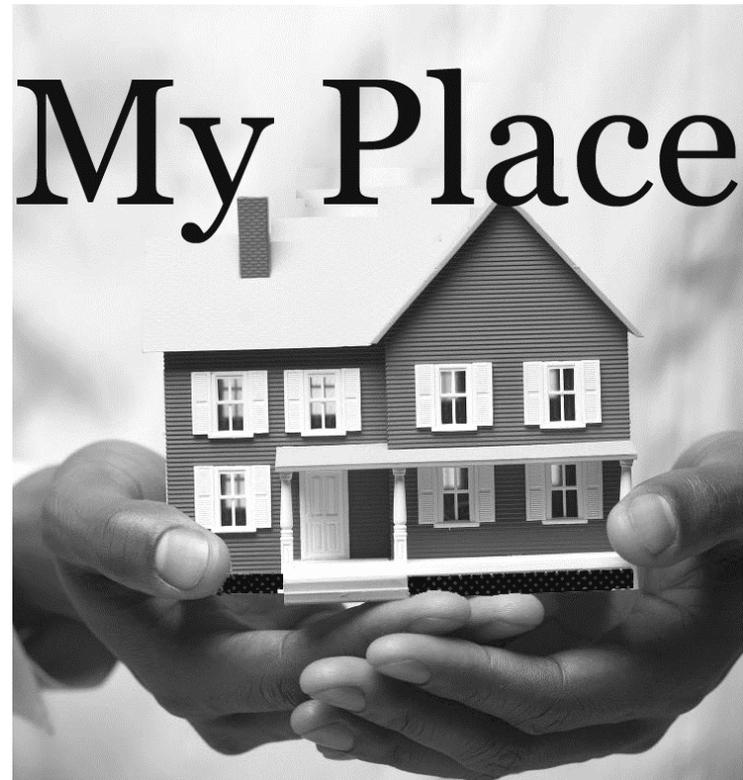


*Administering*  
*Informed Consent*  
*for*  
*My Place*

Ref Policy #: MFP-801

# Informed Consent Process

- Present the My Place program using the *My Place Louisiana Participant Information Booklet*



**Louisiana**

# Talking about Assistance

- The My Place Participant Information Booklet has info about the services in waiver and demonstration program requirements.
- Fact sheets will be included to discuss both the services available in the NOW and My Place-specific supports.

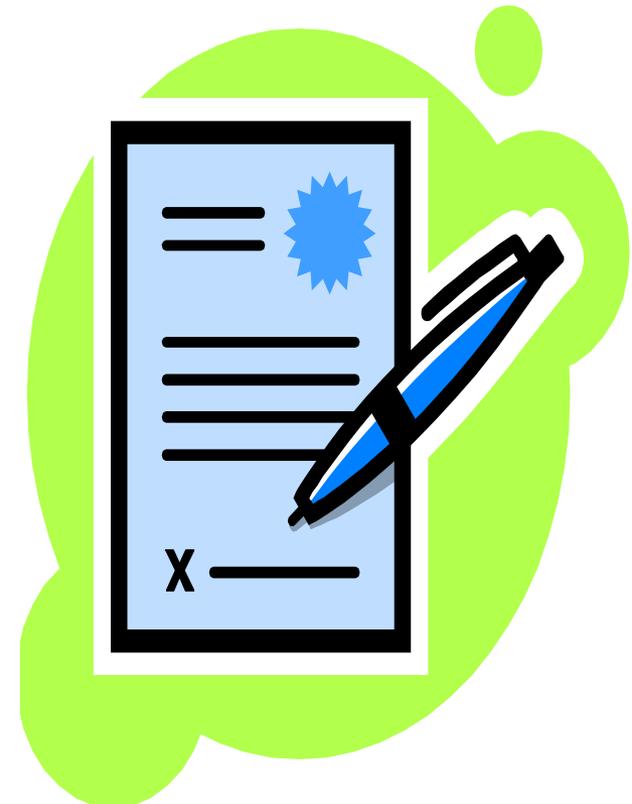
# Getting Booklets

- Faimon Roberts should already have boxes of booklets at each LGE office.  
([Faimon.Roberts@la.gov](mailto:Faimon.Roberts@la.gov) )
  - These can be used to talk with families and competent majors
  - Let Faimon know if you need more

# Informed Consent Process

## Gather Signatures

- **Participant Signature Form**
- **Legally Authorized Representative Support Form**
- Individual Review Form (not in the in Booklet)
- Request to Assign (not in the booklet)
- **Request to Release**



# My Place is a Transition Program

- **Informed consent** is **required** to utilize My Place transition supports.
- **Additional consent** will be completed for the waiver, per current practice. (e.g., Request to Assign form, FOC form)
- The **standard freedom of choice forms** are used for waiver services. These are separate from the My Place forms that must be completed.
  - Just because a person completed a FOC form does not mean they become enrolled in My Place.

# Informed Consent Administration

Informed Consent materials for My Place **may be presented only by those trained to administer the materials.**

# Criteria for who can provide Informed Consent

Under LA law, a person **18 years or older** is presumed to be competent and thus can give adequate legal consent (R.S. 28:454.3 (A))



# Criteria for who can provide Informed Consent

Under LA law, a person **17 years old or younger** is presumed to be incompetent and thus their legal representative is a parent or court-appointed curator or tutor.



# Criteria for who can provide Informed Consent

- Under LA Law, some individuals are interdicted, under continuing tutorship, or partially interdicted and have a court appointed legally authorized representative to make all or some decisions.
- For people partially interdicted for transitions and living situations, the consent to transition resides with the legally authorized representative.

# Criteria for who can provide Informed Consent

- Consent from a **legally authorized representative** is required when participants are:
  - **Fully interdicted** or under (continuing) tutorship;
  - Under a **court-appointed curator**, curatrix, or continuing tutor of an adult (age 18 or older);
  - **Under “Limited” or partial interdiction that applies to living situation.**
    - The interdiction order must specify which rights are granted to the representative. All other rights are retained by the individual.

# Roles & Responsibilities

## Role Players in Informed Consent Administration

- Participant
- Legally Authorized Representative (if applicable)
- Trained Administrator
- Facility Treatment Team
- Ombudsman or Advocate (if applicable)
- My Place Program Manager

# Participant/ Legally Auth. Rep.

## Responsibility

- Participate in the presentation;
- Ask questions as needed;
- Carefully consider the recommendations of those present in the discussion; and
- Sign the consent form only after a **final decision** to transition to NOW has been made.

# Trained Administrator

## Responsibility

- Review the My Place Louisiana Participant Information Booklet;
- Assure completion of all required forms (4 or 5);
- Assure the participant or legally authorized representative has a copy of all materials used in the administration of the informed consent; and
- Fax (scan and email) and mail documentation to the My Place Program Manager per timelines.

# Facility Treatment Team

## Responsibility

- Assist the trained person administering the informed consent to make a determination of the person's legal status;
- Present a consensus-based recommendation to participant and/or the person's legally authorized representative regarding the person's ability to transition/ handle and benefit;
- Verify that Informed Consent presentation followed the Demonstration policy guidelines (person received all information);
- Present objections to transition clearly and in writing.

# Advocate

## Responsibility

- Make a good-faith effort to ensure the person understands the implications of participation
- Act to protect the participant's rights
- Ensure appropriate questions and issues are discussed and resolved
- Ensure that participant's needs are discussed for inclusion in transition planning;
- Verify that Informed Consent presentation followed the Demonstration policy guidelines (person received all information)
- Report coercion

# My Place Program Manager

## Responsibility

- Verify that completed consent forms are adequate/ complete per demo policy.
- Verification can be done by:
  - Phone or mail with trained administrator
  - Check of OCDD records for legal status and legally authorized representative's name
- Forward paperwork for My Place linkage/flag in the Medicaid system.

# Informed Consent Administration

For  
Competent Majors  
or  
Interdicted Adults  
not Covering Living



**The participant gives the written consent**

# Informed Consent Administration

For Children,  
Interdicted Adults, or  
Partial Interdiction  
Covering Living



The legally authorized representative  
gives the written consent.

# Alternatives to In-Person Meetings

- If the legally authorized representative cannot attend Informed Consent administration in person, administration can be done via **phone and mail**.
  - A witness to the call is required.

# People in DHH or DSS Custody

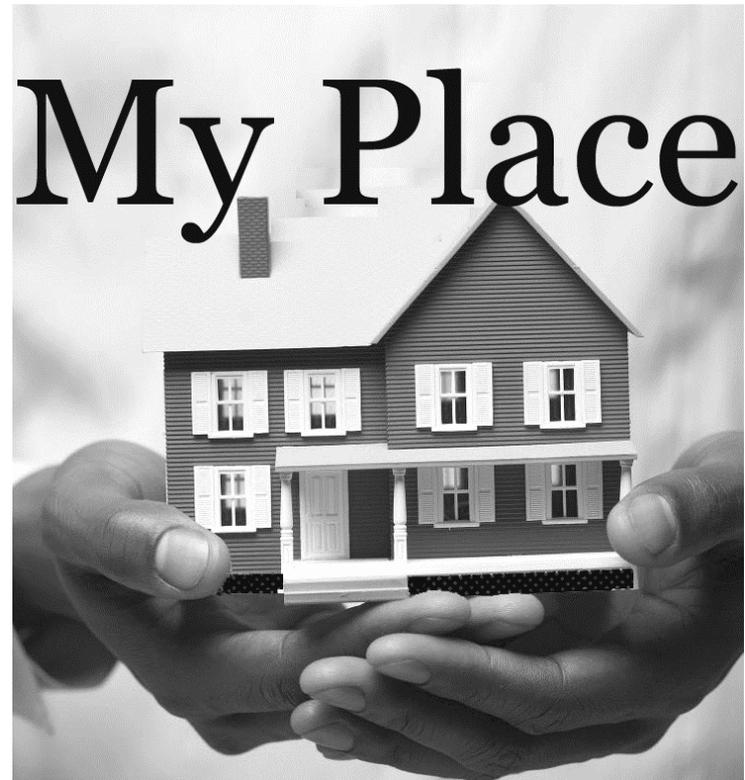
- The trained informed consent administrator must
  - verify the court order requirements
  - request that the representing Advocate attend both the informed consent administration and all transition planning meetings.

# Special Circumstance

If a participant's legal status changes during the transition planning process, or prior to the move from the institution, informed consent will be sought from the appropriate legal source.

# Informed Consent Forms

**Updated Informed  
Consent materials  
have been and  
can be provided  
via email**



**Louisiana**

# Using the My Place Booklet

- Use the Booklet to present facts about the program
- Forms are in duplicate.
  - Participant Signature Form
  - Legally Authorized Representative Support Form
- People/Families keep a copy of all forms with the booklet.
- You take a signed set of originals.

Let's look at the Informed  
Consent materials in the  
My Place Booklet.

# **Appendix E**

Informed Consent for My Place

Pages 40-44

# **Appendix F**

Participant Signature Form  
Pages 45-46 (duplicate)

**or the newer version provided**

# Appendix G

Legally Authorized Representative  
Pages 47-48 (duplicate)

**or the newer version provided**

**For Children or Interdiction Only!**

# **Appendix H**

Request to Assign Form

Page 49

**or the newer version provided**

# Appendix I

Authorization to Release or Obtain  
Health Information Form

Page 50

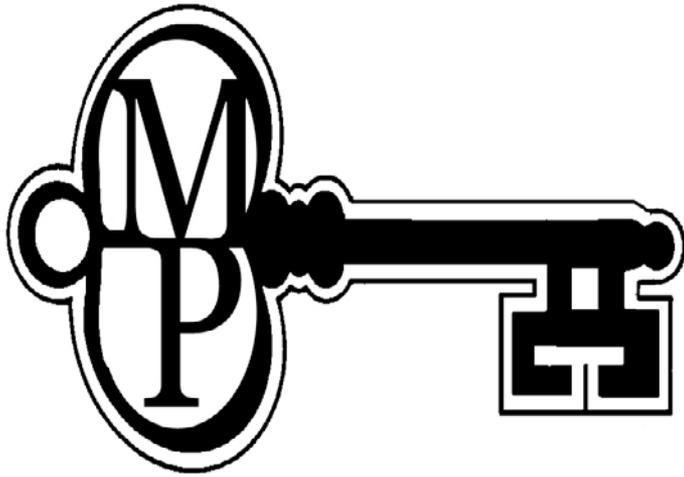
**or the newer version provided**

# **Not in the Booklet**

Individual Review Form

Policy MFP #806

for either public or private ICFs or  
nursing facilities



*Involvement*  
*of*  
*Families*

Policy#: MFP 802

Remember to involve the  
**family**  
during all phases of the  
Informed Consent and transition  
process.

# Person-Centered Planning Methodology

The person-centered planning methodology utilized by OCDD encourages the inclusion of legally authorized representatives, family members, and other preferred persons who offer natural supports

- in discussion of the [appropriateness of the person's placement](#) and whether the participant may handle and benefit from transition,
- in [transition planning](#), and
- in [individual support planning](#) that occurs at least annually after move to the community.

# Involvement Requirements

- In order to finalize a participant's transition through My Place, the OCDD requires that the legally authorized representative have at least **one documented interaction in the six months prior to move.**
- This is consistent with CMS's requirements for the Demonstration

# Involvement Requirements

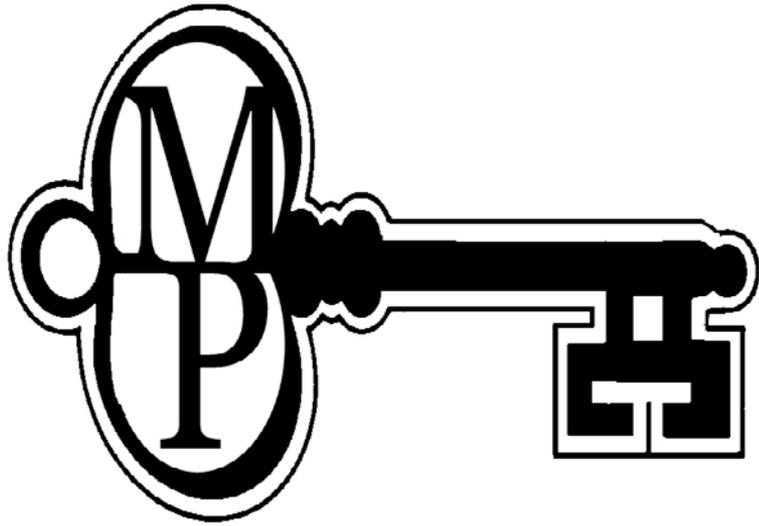
- The informed consent administration process will count toward involvement
- The goal is to establish contact and get the legally authorized representative active in the transition process.
  - the transition will go smoothly
  - the legally authorized representative can fulfill responsibilities post move.
- This is not intended to stop a person from transitioning

# Why is Involvement of the Legally Authorized Representative Important?

- Legally authorized representatives must be involved and accessible to the participant after the move to the community in order to be present for **decision-making events**, including medical emergencies.
- It is important to involve the legally authorized representative so the representative can understand the **role** they play when decisions need to be made for a person living in the community.

# Form Completion

- For persons interdicted or minors, the informed consent process **requires completion of the *Legally Authorized Representative Support Form*** (pages 47 and 48 in the ICF/DD Booklet).
- This form assists to verify involvement.
- This form is used by the Support Coordinator to enhance participation in transition planning and everyday life after move.



*Coercion*

# Suspected Coercion

**Coercion** may involve  
pressuring the person to consent  
**or** not to consent.

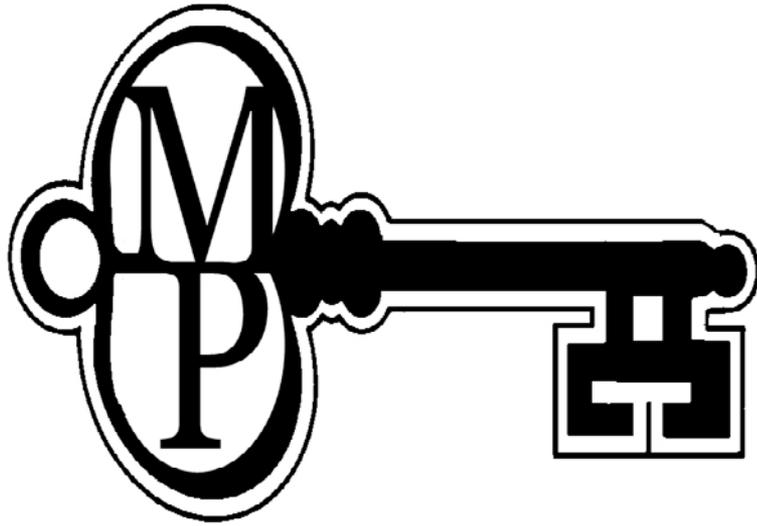
This includes pressuring a person to revoke  
consent.

# Suspected Coercion

- If coercion is suspected, the event must be reported as abuse/exploitation according to state law.
- DHH/OCDD staff, contractors, and Medicaid providers participating in the Informed Consent administration or transition planning process have the legal responsibility to report, and when reported, an investigation will occur.
- The consent is not considered adequate until the investigation is closed and a determination of presence/absence of coercion has been made.

# Private ICFs/DD and NF

- In private facilities, LTC or CLOP Ombudsman verify that the Informed Consent Policy is followed
  - Informed consent is not delayed awaiting this verification.
- **Verification by Ombudsman means:**
  - Ombudsman may be present or make contact after the administration to ensure that the participant understands what he/she agreed to
  - Ombudsman verify consent not coerced



*Disagreement(s)  
to Transition*

# Competent Major Consent with Disagreement(s) to Transition

- If the Competent Major consents to transition, but if the **family or Facility Treatment Team disagrees**, all attempts will be made by the Region/D/A and IC Administrator to reach **consensus**.
  - Consensus does not mean they have to agree to support the move. Rather, it is an understanding of why the person wants to move and the role the family or Facility Treatment Team plays during and after the move.
- The Facility Treatment Team (**if in agreement with the transition**) should work with the Support Coordinator to gain family support

# Competent Major Consent with Disagreement(s) to Transition

If family is non-supportive, the Support Coordinator and Facility Treatment Team **work to establish a natural support network** (friends, other family members, local church, and other social groups)

- The person may need an Advocate or paid guardian service

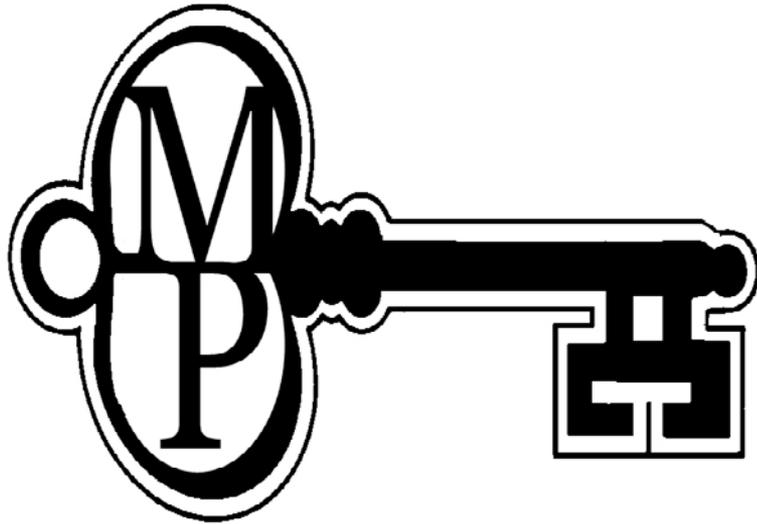
# Competent Major Consent with Disagreement(s) to Transition

If the Facility Treatment Team objects to the transition, the **team shall document all objections**

- Documentation is used in the transition planning process. The documentation may be of particular use in identifying barriers to community living and address what services and Assistance may be needed

# Interdicted or Preliminary Judgment of Interdiction

- In the event that a judgment of interdiction or preliminary judgment of interdiction is ordered, **the transition process will halt.**
- Informed consent will be sought per legal requirements upon the closure of the case.



# *Individual Review*

**Policy#: MFP 806**

# Individual Review

- Required for Enrollment
- The My Place Louisiana Individual Review is completed by the Region/D/A when at all possible.
  - Completed by gathering information from competent major, LAR and facility treatment team for in-person IC administration
  - Completed by gathering information from LAR in phone administration.
    - Follow up may be required with the facility treatment team if LAR cannot provide full info.

# Individual Review Form

- Review of form elements
  - Please access the handout
- Answers to the YES/NO questions affect My Place eligibility
  - My Place ineligibility is NOT tied to eligibility for waiver services.
  - Persons may still transition to waiver services and engage in transition and community living; including discovery, planning, implementation, and review.

# Individual Review Form

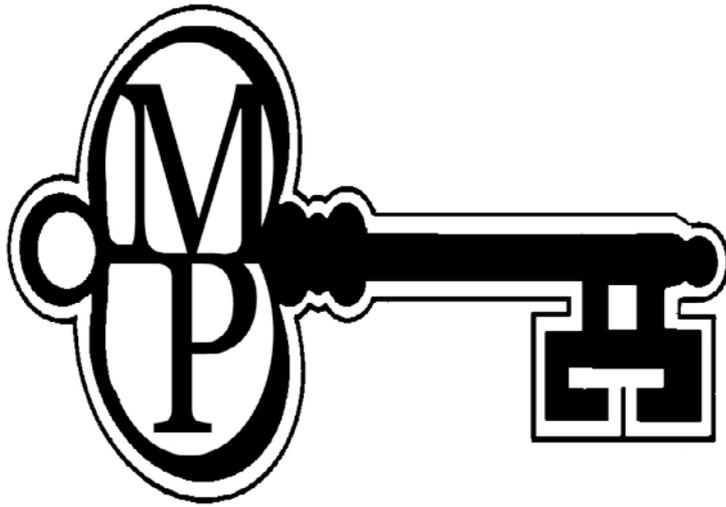
- All answers are **NO**
  - Person is enrolled in My Place
- Answer of **YES**
  - Closely evaluated, usually requesting more info
  - If YES to box 1 or 2, generally are not enrolled. There are always exceptions
    - Traditional DHH/OCS Custody does not count as judge involvement.

# Individual Review Form

- Answers of **YES** (cont)
  - If pending legal charges may result in jail time (item 3), generally are not enrolled
  - Items (4-6) may not be eligible due to level of risk.
    - **Generally** My Place enrolls these persons and works closely with the team to utilize a support structure with applied risk mitigation strategies.

# Routing Completed Forms

- The Informed Consent administrator should make a copy of all forms for the LGE's files.
- The Informed Consent administrator must fax or **scan and email** and then mail original forms to the My Place Program Manager within **one (1) working day**:
  - Informed Consent Signature Form
  - Legally Authorized Representatives Support Form (if applicable)
  - Individual Review Form
  - Request to Assign
  - Authorization to Release



# Changing One's Mind

Deciding not to move

# Explanation to Participants

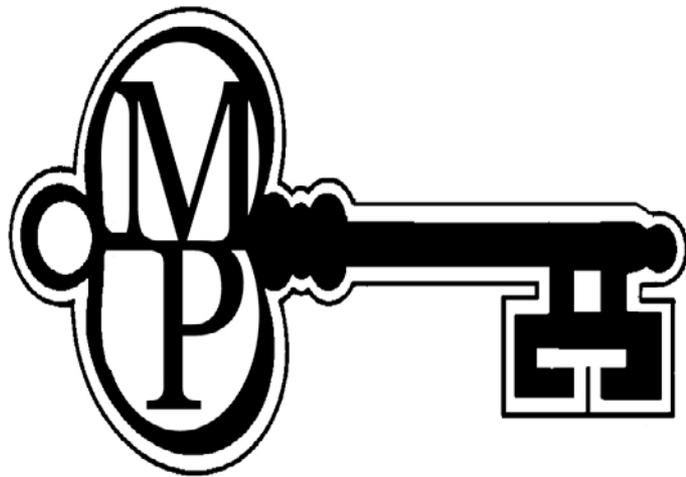
- The person administering informed consent should **explain the revocation procedure** to the person/ family.

# Changing One's Mind

- Revocation of My Place is not tied to revocation of the waiver.
  - If a person revokes the waiver before transition, they are then removed from My Place.
  - If a person revokes My Place but not the waiver, they may still move using the waiver.
  - If a person revokes the waiver post move, they may remain in My Place for tracking purposes. This does not provide them with ready access to re-enroll in the waiver service.

# Changing One's Mind

- If a person/ LAR changes their mind about My Place, they **should**:
  - Notify their provider or support coordinator, who will notify the My Place Transition Coordinator
  - The My Place Transition Coordinator will assist in completion of documentation to revoke informed consent for the program
  - R/D/A are notified via the monthly statewide report on My Place participants



**Who do  
Participants  
contact with  
Questions?**

# Questions about Services

- Once linked to a waiver, participants should contact their Support Coordinator or Regional Office/D/A with questions about services.
- Contact info for the Region should be circled or highlighted in the *Participant Information Booklet*

# Contact Info for *My Place* shared by OAAS and OCDD:

- DHH/OCDD website
- [Faimon.Roberts@la.gov](mailto:Faimon.Roberts@la.gov) (email)
- Medicaid toll-free number 1-888-342-6207, ask for OCDD My Place
  - *Medicaid operators were trained April 15*

# Contact Info for My Place OCCD Transitions:

**Faimon Roberts**, My Place Program Manager  
225.342.6718; [Faimon.Roberts@la.gov](mailto:Faimon.Roberts@la.gov)

**Keith Bailey**, My Place Transition Coordinator for ICF/DDs  
318.264.8702; [Keith.Bailey@la.gov](mailto:Keith.Bailey@la.gov)

**Krista Tipton**, My Place Transition Coordinator for Nursing  
Facilities and Hospitals; 601.259.2646; [Krista.Tipton@la.gov](mailto:Krista.Tipton@la.gov)

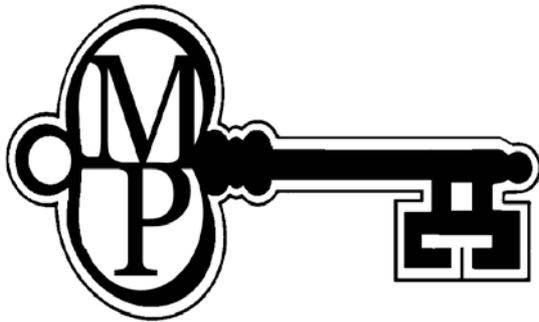
**Lawand Johnson**, Transition Assistive Assistance and Training  
Coordinator; [Lawand.Johnson@la.gov](mailto:Lawand.Johnson@la.gov)

**Alan Dominique**, Data and Reports Specialist;  
[Alan.Doninique@la.gov](mailto:Alan.Doninique@la.gov)

Materials are available  
electronically from  
Faimon Roberts at  
[Faimon.Roberts@la.gov](mailto:Faimon.Roberts@la.gov)

*My Place Louisiana*

# Questions?



Faimon Roberts

225.342.6718

[Faimon.Roberts@la.gov](mailto:Faimon.Roberts@la.gov)