

# OMH DECISIONS REGARDING DETERMINATION OF NURSING HOME PLACEMENT AND SPECIALIZED SERVICES

DATE: _____	DOB: _____
NAME OF REFERRED INDIVIDUAL: _____	MEDICAID #: _____
SS# _____	Field Office: _____

Individual dually diagnosed (OCDD in charge of placement) Select

Individual meets target population Select

Individual meets high level of need Select

Individual meets Nursing Home level of care (medical eligibility) Select

## PLACEMENT DECISION:

Alternative Housing and Support Needed <u>Select</u>	Nursing Home Placement plus services of Lesser Intensity Needed <u>Select</u>
NURSING HOME PLACEMENT NEEDED	Nursing Home Placement plus Specialized Services Needed <u>Select</u>
to address medical needs <u>Select</u>	
to address mental health needs <u>Select</u>	

The above named individual must be evaluated by the mental health center to determine specialized services needed. The client is free to choose providers and the type of services. The consumer is not required to accept the services recommended at the special services evaluation.

Comments:

PA staff \_\_\_\_\_

DATE: \_\_\_\_\_

## FAIR HEARING RIGHTS

If you wish to appeal this decision, you can ask the Department of Health and Hospitals for a fair hearing. A request for a hearing may be made in writing to the Department of Health and Hospitals, Bureau of Appeals, P.O. Box 4183, Baton Rouge, La. 70821-4183. The request must be made within 30 days of receiving this determination.