

ATTACHMENT 1

GOVERNMENT OF THE DISTRICT OF COLUMBIA
District of Columbia Office on Aging
Aging and Disability Resource Center



Introduction to Preference Interview Tool

Note to Interviewers:

DC is using this Preference Interview to confirm a resident's preference for leaving a health care facility to live in a community setting, and to identify services that might be needed to assist in the move ("transition"). District agencies and federal funding sponsor a variety of programs to make it possible for facility residents to choose where they receive health care and supportive services.

Any discussion on moving from a health care facility to community living is complex. Many residents are not aware of available services to assist them in the community. The survey has two goals: to identify residents who choose to move to the community and to ensure that residents who choose NOT to move are fully informed of their choices when they make their decision. All residents interviewed, including those who express an initial preference to stay in the health care facility, are asked the same questions. Specific questions about housing and services are not designed to screen out residents from further consideration for assistance with any relocation.

The Preference Interview is designed to educate residents and family members about available services and housing options whether they are or are not eligible for some services. Residents who are not eligible for some services but who request to live in the community will be referred to existing service providers consistent with their choice of health care and service setting and the goals of the US Supreme Court's Olmstead decision.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
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Resident Name		Date	
Facility Name		Room #	
Facility Contact		Facility Contact #	
Interviewer Name		Resident Number#	
Interview Start Time		62 years old +?	
Date of Birth			
Health Conditions			

Authorization

I hereby authorize the use and/or disclosure of my protected health information (my "Information") as described below. I understand that this authorization is voluntary. I also understand that this is a general authorization used for nursing facility transition purposes, and not for purposes of medical treatment within the nursing facility.

Revocation

I understand that I may revoke this authorization at any time by revoking my authorization in writing. Revocations must be sent to the Associate Director DCOA-ADRC (500 K Street, NE, Washington D.C. 20002). I understand that revoking this authorization will *not* affect any action that ADRC has taken in reliance on this authorization before ADRC received my written revocation.

Individual Signature

I acknowledge that I have had the full opportunity to read and consider the contents of this authorization. I understand that I am authorizing the use and/or disclosure of my Information to DCOA-ADRC. I understand that if the receiving person or organization listed above is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

Signature: _____ Date: _____

If the individual's personal representative signs this authorization, complete the following:

Personal Representative's Name (Printed): _____

Relationship to Individual: _____

INTERVIEWER GREETING

Hello, my name is _____, a Transition Care Specialist from the District of Columbia's Office on Aging / Volunteer with AARP's Long Term- Care Ombudsman Program.

Did you know that there are programs and community agencies that may provide you care at home if you qualify for it? These programs include support with housing issues, medical, dental or prescription needs, home health services, meal delivery, and other supports that could help you move from this nursing facility and remain at home.

Currently, I am working on a special initiative to help people who live in nursing facilities to return to the community if they are able to.

If it is ok I would like to ask you some questions about where you might want to live and what services you might need if you don't live here. What you say is private and will not change the care you receive in this [nursing facility name]. Would you like to talk more about the possibility of moving to a home setting?

___ If No, Stop Interview. Thank you for letting me talk with you. If you would like to talk about living in your own home at another time, here is the name and phone number of someone you can call. Please call: Ms. Margaret Woods, DCOA Nursing Home Transition Program Coordinator at 202-535-1446.

___ If Yes, Continue with the script below:

If you would like to move out of the nursing facility and return back to the community, there are a few questions that I need to ask in order to better serve you. This interview will take about 25 minutes and the main reason for this interview is to provide you with information. If you want to move, more information will be given to you.

Is now a good time to ask you some questions?

(If YES) *I have more questions to ask you. The questions might help you decide if moving to your own home is a good choice for you (or your relative).*

(If NO) Stop Interview. *Thank you for letting me talk with you. If you would like to talk about living in your own home at another time, here is the name and telephone number of someone you may call. Please call: Ms. Margaret Woods, DCOA Nursing Home Transition Program Coordinator at 202-535-1446.*

BEGIN INTERVIEW: *Is now a good time and can I ask you some questions?*

___ NO STOP INTERVIEW

___ YES CONTINUE INTERVIEW

PREFERENCE INTERVIEW QUESTIONS

1. Do you (the resident) know how long you have been in this Nursing Facility?

- NO (GO TO Q3)
- Don't know – Not sure (GO TO Q3)
- YES (GO TO Q2)

2. Have you (the resident) been in this or other nursing facilities continuously for 90 or more days?

- NO (GO TO Q3)
- Don't know – Not sure (GO TO Q3)
- YES (GO TO Q3)

3. *There are options for living outside the nursing home. You (the resident) could live in your (their) own home or an apartment with help from in-home supportive services, personal care assistants, community meals, and special activities; or you (the resident) could live in an assisted living facility (if it takes DC Medicaid & SSI could go toward room & board), which provides meals, housekeeping, some light personal assistance, and special activities. Would you like to hear more about any of these options?*

- NO (Go to Q4) YES (Go to Q4) Don't know-Not Sure (Go to Q4)

4. I am going to list some services that you (the resident) might be able to get. You (the resident) could get help with: (STATE the services listed below.)

Bathing	Preparing meals
Eating	Housekeeping
Toileting	Taking medications
Getting dressed	Managing money
Using the telephone	
Getting out of bed/walking	

5. Having heard that this assistance may be available, do you want to move out of this nursing facility back into the community in a home setting?

- NO (GO TO Q5A)
- Don't know (GO TO Q6)

Comments: _____

- YES (GO TO Q6)

5a. What are some of the reasons you (the resident) want to continue living in the nursing home? (LIST)

1. _____
2. _____
3. _____
4. _____

(STOP INTERVIEW, Reply: Thank you for taking the time to answer these Questions.)

6. Do you (the resident) already have a place to live and with whom? Do you know the address or have contact information for this person? **(If YES, please write down in notes)**

YES (Go to Q6a-c) NO (Go to Q7)

6a. Apartment or home alone

6b. Apartment or home with family (How many? ___Parents Kids Other)

6c. Apartment or home with Spouse or Friend(s)/roommate(s) How many? _____

(Go to Q9)

7. Where would you (the resident) want to live?

7a. Apartment or home alone

7b. Apartment or home with family (How many? ___Parents Kids Other)

7c. Apartment or home with Spouse or Friend(s)/roommate(s) How many? _____

7d. Assisted living facility (if they take DC Medicaid and your SSI could go toward room & board)

7e. Group home with 3-4 other people

8. Would you be willing to live:

8a. in a group home with 3-4 other people?

8b. in an assisted living facility?

8c. in an apartment building for seniors and people with disabilities? **(Refer to Public Housing IF YES to Q8c, AND 62 and over.)**

9. Do you have a way to pay for housing- either through income or another way?

NO (Go to Q10) YES (Go to Q9a) Don't know-Not Sure (Go to Q9b)

9a. How would you pay for housing? _____

9b. Who should we ask to find out about this? _____

Next Steps to arrange housing: _____

10. Will you need accommodations in your new home to make it accessible? E.g. no stairs, flashing lights (if the person is deaf), lower countertops, etc.

YES (Go to Q10a-c) NO (Go to Q11)

10a. What type of accommodations will you need? _____

In arranging for transitions in the past, we have found that unpaid utility bills can pose problems in setting up living situations. These problems can be avoided by addressing the bills before the move.

11. Do you have any unpaid or past due phone, gas, or electricity bills?
 NO YES (Go to Q11a)

11a. With what companies do you have an unpaid or past due phone, gas, or electricity bill (i.e., Pepco, Washington Gas, etc.) _____.

In arranging housing, we have found that poor credit ratings and felony convictions can make finding housing more difficult. If we know about any issues up front we can take steps to address them with property managers.

12. Do you have unpaid credit card bills or loan payments?
 NO YES

12a. Do you owe money to the DC Housing Authority? Y/N

13. Do you think that credit repair is something we should work on before your move?
 NO YES

13a. Have you ever been evicted? Y/N

b. If so, do you still owe money to any housing entity? Y/N

14. Do you have any felony convictions?
 NO YES

Now I'm going to talk about home care services that might help you (the resident) live outside the nursing home.

Let's talk a little about paying for these services.

15. Are you on Medicaid?

NO (Go to 15a) YES

15a. Think about where you would live when you leave the nursing facility. Who you would live with. Including everyone, how much money do you think the house would bring in a month? _____

16. What about Medicare?

NO YES

17. Do you have Veteran's benefits?

NO YES

18. Do you have any other type of insurance, including long-term care insurance that could help pay for community-based living?

NO YES (Go to 18a)

18a. What is this insurance? _____

In the next set of questions, I am going to list the home care services that might help you (the resident) live outside the nursing home. Listen to them and tell me if you (the resident) need(s) the service.

19. Help getting out of bed and into a chair? **(ADL 1 of 5: Overall Mobility)**

NO (Go to Q20) YES (Go to Q19a-d)

If yes, how much assistance:

19a. Set-up only (side rails moved out of way, wheelchair placed nearby)

19b. Supervision from nurse aide

19c. Limited assistance – nurse aide does not bear resident weight during assistance, resident uses bed-rails or other devices such as a trapeze for support

19d. Extensive/total assistance – nurse aide bears significant amount or all of resident weight

20. Help getting started to eat? For example, cutting up your food, or getting your silverware at meal times? **(ADL 2 of 5: Eating)**

NO YES

21. Help eating? For example, someone to feed you?

NO YES

22. When eating, do you use:

22a. Special utensils to eat?

22b. Special cups to drink?

23. Help cooking or preparing meals? (**IADL 1 of 5: Meal Preparation**)

NO YES

24. Help turning or moving in bed? (**ADL 1 of 5: Overall Mobility**)

NO YES

25. Help using a catheter to use the toilet? (**ADL 3 of 5: Toilet Use**)

NO YES

26. Help getting to or using the toilet?

NO YES

26a. Wears adult briefs or pads

NO (Go to Q27) YES (See below)

If adult briefs are worn, how often are they worn?

Always

ONLY when going out of the facility

Other _____

27. About how many times during the day do you think you need help getting to the toilet OR changing adult brief/pad? _____**

**If resident states they do not know, use the following prompts

27a. Do you need help when you wake up? NO YES

27b. Do you need help after breakfast? NO YES

27c. Do you need help before lunch? NO YES

27d. Do you need help after lunch? NO YES

27e. Do you need help before dinner? NO YES

27f. Do you need help after dinner? NO YES

27g. Do you need help before bed? NO YES

Total number of YES responses approximates how many times the resident needs assistance to get to the toilet or have their pad changed.

28. Help with morning care like brushing your teeth, washing your face, brushing your hair, or putting on your deodorant? (**ADLs 4 & 5 of 5: Bathing & Dressing**)

NO (Go to Q29) YES (Go to Q28a-d)

If yes, what type of assistance?

28a. Set-up only

28b. Supervision from nurse aide

28c. Limited assistance- nurse aide performs some but not all care tasks

28d. Extensive/total assistance – nurse aide performs all morning care tasks

29. Help with bathing or taking a shower? (**ADL 4 of 5: Bathing**)

NO (Go to Q29a-b) YES (Go to Q29a-b)

29a. Showers

29b. Baths

30. Help walking inside? (**ADL 1 of 5: Overall Mobility**)

NO YES

31. Help walking outside? (**ADL 1 of 5: Overall Mobility**)

NO YES

32. What kind of help do you need?

- Cane
- Walker
- Safety rails on walls
- Wheelchair (Go to 32a-b)

32a. If Wheelchair, do you need help getting around in your wheelchair inside?

NO YES

32b. If Wheelchair, do you need help getting around in your wheelchair outside?

NO (Go to 33) YES (Go to 33)

For questions 33 and 34: Ask the resident if they: a) were able to bend down and reach their shoes before coming to the nursing facility. **Do not allow them to demonstrate how to bend and reach their toes;** and b) need assistance with buttons, zippers or tying laces, even if they state that they do not need help dressing.

33. Help getting dressed in the morning? (**ADL 5 of 5: Dressing**)

NO (Go to Q34) YES (Go to Q33a)

33a. If YES, what do you need help with?

- Shoes/socks
- Shirt/dress
- Pants

34. Help getting dressed at night? (**ADL 5 of 5: Dressing**)

NO (Go to Q35) YES (Go to Q34a)

34a. If YES, what do you need help with?

- Shoes/socks
- Shirt/dress
- Pants

35. Help using the telephone? (**IADL 2 of 5: Using Telephone**)

NO (Go to Q36) YES (Go to Q35a)

35a. If YES, do you need:

- Volume increased; can't hear
- Large numbers; can't see to dial
- Dialing assistance; can't dial

36. Help with medications? (**IADL 3 of 5: Medication Management**)

NO (Go to Q37) YES (Go to Q36a-b)

36a. If YES, what do you need help with?

- Reading labels
- Opening medication bottles and/or blister packs

37. Help with housework? (**IADL 4 of 5: Housekeeping**)

NO (Go to Q38) YES (Go to Q37a)

37a. If YES, what do you need help with?

- Laundry
- Washing dishes
- Cleaning house

38. Help managing your money or finances? (**IADL5 of 5: Money Management**)

NO (Go to Q39) YES (Go to Q38a)

38a. If YES, what do you need help with?

- Paying your bills
- Balancing your check book
- Tracking your bank accounts

I am going to ask you about two challenging issues: substance abuse and mental health. I am asking about both of these so that we can plan together to have the right supports in place throughout the transition process.

39. Do you now or have you in the past had a substance abuse problem?

NO YES (Go to 39a)

39a. What treatment has been helpful? _____

40. Have you experienced any challenges with mental health?

NO YES (Go to 40a)

40a. What kind of challenges? _____

40b. What support will you need to stay healthy? _____

40c. Are you taking any medications related to mental health? Y/N

If yes, which ones? _____
(for each, list dosage and purpose)

If someone requires:

-EXTENSIVE ASSISTANCE OR is TOTALLY DEPENDENT in at least 2 of 5 basic Activities of Daily Living (Q19-34) OR

-SUPERVISION or LIMITED ASSISTANCE in at least 2 of 5 basic Activities of Daily Living (Q19-34) AND ASSISTANCE of some kind in at least 3 of 5 Instrumental Activities of Daily Living (Q23, 35-38) they may be eligible for the EPD Waiver.

>GIVE THEM information packet on DCOA-ADRC and the DCOA/DC Health Care Finance State Plan information and Steps in the Waiver Admission Process Packet, including point of contact Nursing Home Transition Coordinator for Nursing Facility.

STOP INTERVIEW. CLOSE WITH THE FOLLOWING:

Thank you for taking the time to talk with me. We want to be sure you understand that answering these questions does NOT mean that you will be relocated out of the nursing home without your consent and discussion about what you want to do. We don't want to create false hope about moving. We do want to get information to you if you would prefer to live some place other than the nursing home.

OFFER TO FOLLOW UP TO PROVIDE INFORMATION OR REFERRAL ABOUT COMMUNITY SERVICE OR FOR ANY NEED THAT IS EXPRESSED IN THE INTERVIEW.

- Resident's information will be entered into C-Stars Case Management System.
- Resident will be given a packet of materials concerning DCOA-ADRC and the DCOA/DC Health Care Finance State Plan Information and Steps in the Waiver Admission Process Packet. These materials will also identify the Point of Contact Transition Coordinator for the Resident's particular Nursing Home.
- Point of Contact Nursing Home Transition Coordinator will contact Nursing Home Social Worker within 48 hours in order to start to schedule Care Plan Meetings with Resident and other stakeholder.

NOTES:

Interviewer, complete the following:

42. How clear is the person in terms of what services are needed?

- Not at all clear Somewhat clear Neither clear nor unclear Somewhat clear
 Very clear

43. How motivated is the person to relocate?

- Not at all motivated Somewhat motivated Neither motivated or unmotivated
 Somewhat motivated Very motivated

Interview End Time: _____

ATTACHMENT 2



THE ELDERLY AND PERSONS WITH PHYSICAL DISABILITIES WAIVER

What is the Elderly and Persons with Physical Disabilities (EPD) Waiver Program?

The **EPD Waiver** is a combination of home and community-based long term care services designed to help older adults and individuals with disabilities stay in their home, as an alternative to care in an institution.

What are the eligibility requirements for the EPD Waiver?

- Be a resident of the District of Columbia;
- Be a U.S. citizen or qualified alien;
- Be eligible to receive DC Medicaid with an income of less than 300% of SSI; Less than \$2,199 a month or Be eligible for Spend Down
- Have no more than \$4000 in countable assets;
- Require assistance with activities of daily living;
- Be elderly (65 years of age or older);
- Be 18-64 years old and diagnosed with having a physical disability;
- Meet the “Level of Care” established for the EPD Waiver;
- Must choose home and community based services;

How can I be sure the EPD Waiver is right for me?

The EPD Waiver is a choice program. Beneficiaries have the right to choose whether or not to participate in home and community-based services. The EPD Waiver may be a good fit for you if you feel services provided under the Waiver will meet your needs.



What services are available under the Waiver?

- Case Management-assistance with obtaining services under the Waiver
- Personnel Care Aide Services (PCA)-assistance with activities of daily living i.e. grooming, dressing, eating, toileting etc.
- Personal Emergency Response Services (PERS)-an electronic services that allows people to call for assistance
- Respite Services-assistance with supervision and assistance if the primary caregiver is absent
- Assisted Living-licensed home participants can live in and have access to services they need to maintain independence
- Environmental Accessibility Adaptation Services (EAA)- assistance with physical adaptations to a person's home that are necessary to ensure safety, and welfare of an individual
- Homemaker Services-general household activities such as meal preparation, housekeeping and running errands
- Chore Services-a one-time non-medical household task such as washing floors, windows, walls, trash removal, and rearranging furniture in order to provide safe access to the home

What is the timeline for the EPD Waiver?

- Once an EPD Waiver application is submitted to the Economic Security Administration (ESA), processing can take up to 60 days.

Aging & Disability Resource Center (ADRC)

500 K Street NE

Washington, DC 20002

Phone: (202) 724- 5626

Email: EPDWaiver.dcoa@dc.gov

Fax: (202) 724-4979

TTY: (202) 724-8925

ATTACHMENT 3

Next Steps...



If you are seeking or interested in DDA services please contact

the DDA Intake and Eligibility Unit. This unit is responsible for receiving and processing applications and determining eligibility for people applying for services from DDA. You can complete the application on line, mail it in, bring the application to our office or you can schedule an appointment by calling 202.730.1745. An Intake and Eligibility Coordinator will assist you through this process.

Contact us at :

Developmental Disabilities Administration

Office Hours

Monday –Friday, 8:15am to 4:45pm

1125 15th Street, NW
Washington DC 20005
202.730.1700 (Phone)
202.730.1843 (Fax)
202.730.1516 (TTY)

<http://dds.dc.gov/DC/DDS>
<http://www.facebook.com/DDS.DC>
http://www.twitter.com/DDS_DC



**District of Columbia
Department on Disability
Services
Developmental Disabilities
Administration**

Home & Community
Based Services Waiver
Program



Programs and Services



***SUPPORTING PERSONS WITH
INTELLECTUAL AND OTHER
DEVELOPMENTAL DISABILITIES
IN THE DC COMMUNITY....***

Developmental Disabilities Administration

The Developmental Disabilities Administration (DDA) is the agency in the District of Columbia



DDA has key functions to carry out on behalf of the individuals, families, providers in the community

responsible for the oversight and coordination of all services and supports provided to qualified persons with intellectual and other developmental disabilities.

Once a person is determined eligible for DDA, they are able to apply for the Home and Community Based Services Waiver Program.

Home and Community Based Services (HCBS) Waiver

The HCBS Waiver is a Medicaid program that allows the District to provide person-centered community based programs and supports designed to help adults live in the community and/or leave institutional settings. The District must assure to the Federal government that people enrolled in the program have person-centered plans, receive services outlined in the plan, free choice of service providers, safeguards in place to remain safe & healthy and ensure the program is fiscally sound. DDA operates the program under the administrative oversight of the Department of Health Care Finance, the District Medicaid agency.



Eligibility

You may be eligible to participate in the HCBS waiver program only if all the following requirements are met:

- You are eligible to receive services from DDA.
- You are at least 18 years of age or older.
- You meet the required Level of Care.
- You are DC Medicaid eligible.
- You choose to participate in the HCBS waiver. (Participation in the HCBS waiver is entirely voluntary.)

Waiver Services

The Medicaid Home and Community Based Services (HCBS) waiver program provides residential, day/vocational and other support services in the community for people with intellectual and other developmental disabilities living in the District of Columbia. The HCBS waiver program supports individuals who are eligible for Medicaid and who choose to live in their own homes or live in a community setting, rather than an institutional setting. Institutional settings are defined as a hospital, nursing home or intermediate care facility for persons with an intellectual/developmental disability (ICF-ID). For more information on the description of the services please visit our website at <http://dds.dc.gov/DC/DDS>

Services Available though the HCBS Waiver Program are:

Residential Supports:

- Host Home
- In Home Supports
- Residential Habilitation



- Respite
- Supported Living
- Supported Living w/ Transportation (**NEW! NOVEMBER 2012**)
- Shared Living (**NEW! NOVEMBER 2012**)
- Personal Care

Day Supports:

- Day Habilitation
- Employment Readiness (**Revised November 2012**)
- Individualized Day Supports (**NEW! NOVEMBER 2012**)
- Small Group Supported Employment (**NEW! NOVEMBER 2012**)
- Supported Employment

Assistive Supports:

- Environmental Accessibility Adaption
- Personal Emergency Response Services (PERS)
- One Time Transitional
- Vehicle Modification

Professional Services:

- Art Therapies (**Revised November 2012**)
(Includes: Art Therapy; Dance Therapy; Drama Therapy and Music Therapy)
- Behavior Supports
- Dental (**NEW! NOVEMBER 2012**)
- Family Training
- Occupational Therapy
- Physical Therapy
- Skilled Nursing (**NEW! NOVEMBER 2012**)
- Speech, Hearing and Language
- Wellness Services (**Revised November 2012**)
(Includes: Bereavement Counseling, Fitness Training, Nutritional Counseling, Massage Therapy and Sexuality Education)



DC Employment First vision statement
"DC expects that all people of working age will work and earn the prevailing wage, in the career path they choose."



At work, it's what people can do that matters.

ATTACHMENT 4



Accessing Personal Care Aide (PCA) services through the District's State Plan:

Purpose: To provide health-related services to individuals because they are unable to perform one or more activities of daily living such as bathing, dressing, toileting, ambulation, or feeding oneself as a result of a medical condition or cognitive impairment causing a substantial disability.

Eligibility

- The beneficiary/applicant must be eligible for District of Columbia Medicaid.
- Be unable to independently perform one or more activities of daily living for which personal care services are needed.
- Be in receipt of a written Physician Order Form (POF) order for PCA services.

Steps to Accessing Personal Care Aide (PCA) Services

1. Physician Order Forms

- A Physician's Order Form (POF) completed by a Medicaid enrolled physician is required to request PCA services. The blank POF is available through the Aging & Disabilities Resource Center (ADRC), or at the Department of Health Care Finance's (DHCF's) website: www.dc-medicaid.com. Medicaid Physicians should have this form.
- The completed POF should be sent to Delmarva, DHCF's Long-Term Care Supports Contractor (LTCSC) via fax @: **(202) 698-2075**.
- Once the POF is received, the LTCSC will verify the beneficiary's Medicaid eligibility, and contact the beneficiary to schedule a face-to-face visit to complete a PCA Assessment within three (3) business days of receipt of a complete POF.
- The LTCSC will review the POF, and if it is incomplete, they will work directly with beneficiaries and/or their authorized representative and the provider to resolve.

2. Home Visit/In-Person Assessment

- A registered nurse (RN) from the LTCSC will conduct a home visit to complete the PCA assessment which may take up to two (2) hours.
- The assessment process will require the LTCSC RN to interview the beneficiary/applicant (and/or his or her authorized representative) to gather current/past medical history, to directly observe the beneficiary's functional limitations and home environment.
- Each beneficiary is afforded the opportunity to select a home health aide provider to render personal care aide services. The LTCSC RN will provide resource information (brochures, fact sheets, etc.) and a list of approved service providers.
- The result of the assessment will indicate whether the beneficiary met the criteria to receive PCA services and also the recommended hours. Under the District's State Plan Option a beneficiary is eligible to receive up to eight (8) hours per day, seven (7) days per week of PCA services.

3. If the Applicant is Deemed Eligible

- If the applicant/beneficiary is eligible for services, the LTCSC will contact the provider(s) selected by the beneficiary to confirm acceptance or denial within 24 hours of completing the PCA assessment.
- The LTCSC will communicate the results of the assessment in writing to the beneficiary and/or their authorized

representative, the referring physician, and to DHCF.

- The LTCSC and DHCF will coordinate the issuance of prior authorizations for all approved PCA services within 24 hours of completing the assessment and confirmation of acceptance by the Home Health Agency (HHA) selected by the beneficiary. The prior authorization is submitted through OMNICAID or MMIS.
- All PCA services require authorization prior to service delivery and the service must be provided by a HHA appropriately licensed to deliver the service. Each authorization will indicate the amount, frequency, and duration of the service.

4. Initiating PCA Services

- Once the selected, the HHA receives a prior authorization for PCA service through OMNICAID or MMIS, they are required to complete an admission/intake process which includes a face-to-face meeting to complete an intake assessment and develop an individualized plan of care.
- The individualized plan of care (POC) is developed by a registered nurse and is approved and signed by the beneficiary's physician or an advanced practice registered nurse (APRN) within thirty (30) days of the start of care, provided that the physician or APRN has had a prior relationship with the beneficiary that includes a physical examination.
- A registered nurse will review and update the POC at least every sixty days or more frequently if needed to determine the need to continue services.

5. If the Applicant is Deemed In- Eligible

If the applicant is found to be in-eligible, the LTCSC will send the beneficiary and or the responsible party a denial letter detailing the appeal rights, within 24-hours of completing the PCA assessment..

Acronyms

- Department of Health Care Finance - (DHCF)
- Home Health Aide - (HHA)
- Plan of Care - (POC)
- Long-Term Care Supports Contractor - (LTCSC)
- Medicaid Management Information System - (MMIS)
- Personal Care Aide (PCA) Services
- Physicians Order Form - (POF)
- Prior Authorization - (PA)

For more information please contact:

**Department of Health Care Finance/
Long Term Care Administration**
Attn: James Brannum
441 4th Street N.W., Suite 1000S
Washington, D.C. 20001
Telephone: (202) 442-5986

Delmarva Foundation
2029 K Street NW Suite 700
500 K Street, NE, Washington, DC 20006
Telephone: (202) 496-6541
Fax: (202) 698-2075-4979
Email: DCLongTermCare@dfmc.org
Website: <http://dhcf.dfmc.org>

ATTACHMENT 5



For participants

Money Follows the Person. New Choices. New Lives.

Money Follows the Person (MFP) can help people who live in nursing homes or hospitals to move out and begin a new life in the home of their choice. It is a demonstration project operated by the D.C. Department of Health Care Finance in partnership with DC's Office on Aging & Aging and Disability Resource Center.

Who can participate in MFP?

You can participate in MFP, if:

- ❖ You are eligible for the DC Medicaid Elderly and Physical Disability Home and Community-Based Services waiver
- ❖ You have lived in a nursing home or hospital for at least 90 days
- ❖ You had Medicaid pay for the services you received in the nursing home or hospital in the last month
- ❖ You want to have a choice about where and with whom you live, and
- ❖ You are randomly selected in the lottery for eligible nursing home residents.

How would participating in MFP help me?

You would get extra assistance with making choices about how you want to live your life, including:

- ❖ Finding and setting up a new home or modifying your existing home
- ❖ Choosing who you want to live with
- ❖ Choosing service providers
- ❖ Learning about and reconnecting with places to go in your community
- ❖ Improving your quality of life, and
- ❖ Getting the support you need to live more independently like a personal care assistant who will assist you with getting around and preparing meals.

Who will help me make all these decisions?

Family, friends, and people who have helped you in the past – like your nurses, doctors and other members of your care team.

How will I get the help that I need to move and live in the community?

You and your team will decide what assistance you will need to live in a home or apartment. Services you need at home will be paid for through the DC Medicaid Home and Community-Based Services Waiver and the MFP Demonstration Project. The Medicaid Waiver pays for the help that many people with disabilities need to live at home. MFP also works with the DC Housing Authority to help pay for your housing.

What other assistance will I get by participating in MFP?

MFP will provide benefits like the assistance of a Transition Coordinator and MFP Case Manager who will help you with your move, and getting used to your new living situation. MFP will also pay for essential furniture and basic household set-up items like sheets, towels, and kitchenware. After the first year, those benefits will stop, but you will continue to get all of the waiver services you need to live in the community.

Based on the project's experience in DC, you can expect your move from the nursing home to take 6 months or more. That is the time it takes to line up a place to live, and the services you need to live safely and comfortably at home.

Once you are selected through the lottery to leave the nursing home through MFP, you will have important responsibilities to make your move successful.

Responsibilities include:

- ❖ **Getting a community primary care physician**
- ❖ **Sticking to the plan you and your transition team come up with.**

For more information, contact:

The DC Office on Aging/Aging and Disability Resource Center (ADRC) at 202-724-5626. 500 K Street NE, Washington, DC 20002.

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