

## **Long Term Home Health Care Program (LTHHCP) AIDS Home Care Program (AHCP)**

### **Instructions for Issuance and Completion LTHHCP Consumer Information Booklet and Forms**

#### **LTHHCP Consumer Information Booklet** (LDSS and LTHHCP provider use)

This booklet (OLTC/LTHHCP Form 2009-01) provides:

- Pages 2-4 - general information about the LTHHCP and AHCP including program goals, eligibility criteria, authorization process and required assessments, list of LTHHCP/AHCP services, discharge from the LTHHCP/AHCP including notice of decision and fair hearing rights.
- Page 4 – space for LDSS contact information.
- Pages 5-8 - additional information about each of the Medicaid waiver programs available in NYS.

This booklet must be provided to all LTHHCP/AHCP applicants/participants, individuals seeking nursing home placement, and may be provided to any individual who may be interested in the LTHHCP/AHCP. The provision of this information to an applicant, participant, or family member/designated other must be documented in the individual's case record.

The booklet may be downloaded; printed double sided and folded for distribution.

#### **Freedom of Choice Form** (LDSS and LTHHCP provider use)

This form (OLTC/LTHHCP Form 2009-02) provides documentation that the LTHHCP/AHCP applicant/participant has been provided with information about waiver programs for which the individual may be eligible and provided choice of available waiver programs and Medicaid home care services.

**New Applicants:** The completion of this form is required for all individuals applying for the LTHHCP/AHCP. To demonstrate that an applicant for the LTHHCP/AHCP has been informed of his/her right to choose program, provider and services, the LTHHCP/AHCP applicant and/or legal guardian must select his/her choice and verify that choice by signature and date. LDSS staff or LTHHCP agency staff (for alternate entry cases) must indicate the waiver program(s) for which the individual may be eligible, sign and date the form verifying that the information was provided and choice made. In Alternate Entry cases the LTHHCP agency must provide copies to the applicant and/or legal guardian and a copy to the LDSS for its case records.

**Current Participants:** This form must be completed and signed for all individuals currently participating in the LTHHCP/AHCP at the next reassessment visit for continued participation, but no later than nine (9) months following the issuance date of

this GIS. To demonstrate that a participant of the LTHHCP/AHCP has been informed of his/her right to choose program, provider and services, the participant and/or legal guardian must select his/her choice and verify that choice by signature and date. LDSS staff must indicate the waiver program(s) for which the individual may be eligible, sign and date the form verifying that the information was provided and choice made. When there is more than one LTHHCP agency available in the local district, the LDSS must create and provide a listing of all of the LTHHCP agencies in the district. This information is readily available from [www.homecare.nyhealth.gov](http://www.homecare.nyhealth.gov).

**Change of LTHHCP agency:** The Freedom of Choice form must be kept on file in the LDSS case record and is effective for the duration of the individual's participation in the LTHHCP/AHCP using the agency of choice. If a participant requests or is referred to an alternate LTHHCP agency for services, the information about waiver programs for which the individual may be eligible, choice of available waiver programs and alternative Medicaid home care services must be provided to the participant, along with the listing of available LTHHCP agencies in the local district. A new Freedom of Choice form must be completed, signed by the participant and/or legal guardian, and a copy is given to the participant to document that the participant was informed of his/her right to choose program, provider and services.

**Disenrollment/Reapplication:** If an individual is disenrolled from the LTHHCP/AHCP and reapplies at a later date, the information about waiver programs for which the individual may be eligible, choice of available waiver programs and alternative Medicaid home care services must be provided along with the listing of available LTHHCP agencies in the local district. The Freedom of Choice form must be completed and signed by the participant and/or legal guardian at the time of the individual's reapplication.

In all instances above, the completed signed form is given to the participant. A copy must be retained in the LDSS case record to document the applicant/participant was informed of his/her right to choose program, provider and services.

### **Consumer Contact Information** (LDSS only use)

This form (OLTC/LTHHCP Form 2009-03) provides contact information regarding the LTHHCP/AHCP applicant/ participant's chosen LTHHCP agency, LDSS contact information, Home Health Hotline information and documentation that the applicant/participant and or designated other was afforded the opportunity to participate in the development of the plan of care and agrees with the plan of care. This is verified by date and signature of the participant/legal guardian.

**New Enrollees:** This form must be completed upon LTHHCP/AHCP enrollment for all new-LTHHCP/AHCP participants. A copy of the completed signed form is given to the participant.

**Current Participants:** This form must be completed for all individuals currently participating in the LTHHCP/AHCP at the next reassessment visit for continued participation, but no later than nine (9) months following the issuance date of the GIS and on an annual basis thereafter for all LTHHCP/AHCP participants.

**Change of LTHHCP agency or local district:** This form must be completed for all individuals participating in the LTHHCP/AHCP when there is a change of the LTHHCP agency providing services. When a participant moves from one local district to another local district whether there is a LTHHCP agency change or not, a form must be completed with the updated contract information and documentation of the individual's participation in the new plan of care.

In all instances above, the completed signed form is given to the participant and a copy must be retained in the LDSS case record to document the applicant/participant's ability to participate in the process of developing his/her plan of care.

### **Consumer Satisfaction Survey** (LDSS only use)

This form (OLTC/LTHHCP for 2009-04) is for the LDSS to survey the LTHHCP/AHCP participant regarding satisfaction with the LTHHCP/AHCP, the services in the LTHHCP/AHCP and the LTHHCP agency or staff providing care. The information/responses provided by the participant must be tracked by the LDSS and included on the LTHHCP LDSS Quarterly Report. Note: A "no" response requires follow up and notation by the LDSS or LTHHCP agency as appropriate.

This form is not applicable to the new applicant. The form must be completed on an annual basis for each LTHHCP/AHCP participant. The completed form is given to the participant and a copy must be retained in the LDSS case record.

The information gathered by this annual survey is intended to capture the participant and/or family/designated representative's views of the program and services provided. This information will be used to improve the program, services, and processes of the waiver program going forward. The opinions of the participant/family/designated representative are not to affect the individual's ability to participate in the LTHHCP/AHCP. Participants may choose to remain anonymous or may choose to provide identifying information. Inserting a date on the form, however, is important in monitoring participant satisfaction with potential changes in the future.