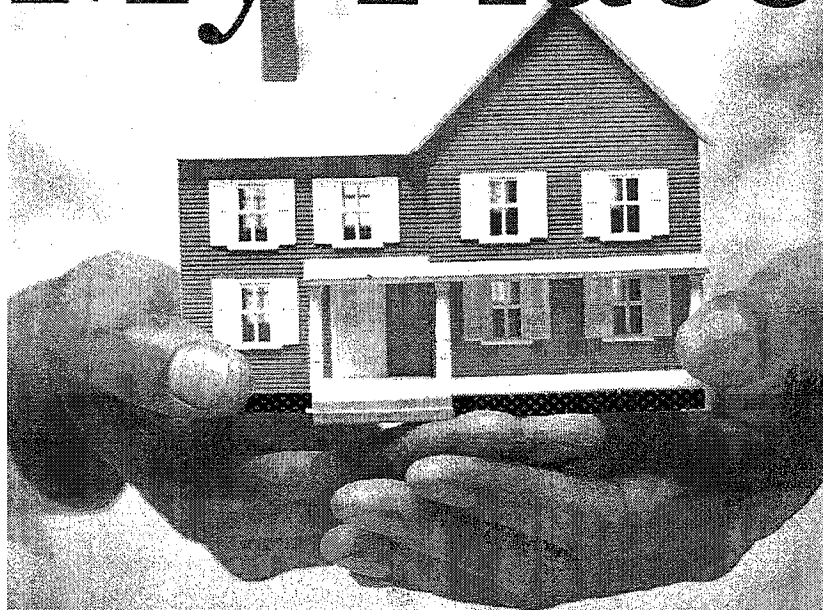


Ombudsman's Tool Kit

My Place



Louisiana

My Place Louisiana Ombudsman's Tool Kit

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Ombudsman's Role and Process

Introduction:

In many ways, the My Place Louisiana Program is much like business as usual for ombudsmen. As usual, we will be:

- talking to residents about moving out of the facility;
- linking them to resources that might make it possible for them to move out (e.g., waiver services or Independent Living Councils); and
- checking back to be sure that resources that the residents have attempted to access are working as expected and that no unnecessary barriers were created.

What is different about the My Place Louisiana Program is that we will be working in closer partnership with DHH. We will be:

- using a tool developed by the Office of Aging and Adult Services (OAAS) to help residents assess readiness to move out of the nursing home with waiver services;
- submitting an application form directly to the OAAS; and
- referring residents who need assistance in finding housing to an OAAS housing specialist.

If a resident expresses an interest in moving out of the facility:

Review the Needs and Resources Assessment form with the resident or leave it with the resident for them to review on their own or with an individual of their choice. Then check back with the resident at a later date to see if they are ready to proceed. This form will help the resident identify whether they have the supports they may need to move.

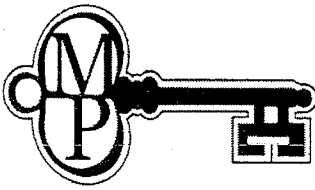
Complete the Statement of Interest Form with the resident or the person the resident has identified as their representative. The Statement of Interest Form asks if the resident will need assistance with housing. If housing is needed, also complete the Housing Transition Assistance Form.

Return the Statement of Interest and Housing Transition Assistance forms to the Office of the State Ombudsman (OSO).

Please note:

My Place Louisiana is really an offer to accept an Elderly and Adult Waiver (EDA) that brings an enhanced benefit to the state of Louisiana. Residents must therefore meet the same eligibility standards for EDA Waivers. Residents will also be facing the same service limitations and health and safety concerns that all EDA Waiver participants face.

Affordable housing in many parts of the state continues to be an obstacle. Even with the assistance of the OAAS housing specialist, residents may be facing lengthy wait times due to lack of available, accessible and affordable housing. Additionally, those with certain (but not all) criminal histories may not qualify for subsidized housing.



My Place Louisiana

Statement of Interest

Resident Name: DOB:		Resident Representative:	
Facility:		Relationship:	
Telephone:		Telephone:	
Address:			
		<i>Needed/requested to be present for offer?</i> <input type="checkbox"/> Y <input type="checkbox"/> N	
Education: <input type="checkbox"/> K-8 <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Some College <input type="checkbox"/> College Degree		Assistive devices used: <input type="checkbox"/> None/ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker/cane <input type="checkbox"/> Other: _____ How long has resident lived at NF? _____	
Does resident have any trouble with: <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speech <input type="checkbox"/> Vision <input type="checkbox"/> Hearing		Where did resident live prior to moving into the NF? <input type="checkbox"/> own residence (alone) <input type="checkbox"/> w/family: _____ <input type="checkbox"/> w/friend(s) or partner: _____ <i>If resident lived with others, had he/she ever lived independently prior?</i> <input type="checkbox"/> Y <input type="checkbox"/> N	

Preferences: (Check all that apply).

_____ I am interested in moving out of the nursing home at this time. While I understand that EDA waiver services **do not provide 24-hour assistance**, I have completed the self-assessment and believe that I am able to live safely in the community with supports.

_____ I am interested in moving out of the nursing home at this time. I have completed the self-assessment and understand that **since I may require more care than is provided by waiver services**, I can live safely in the community with the help of family members or others. (Please list who will help you below)

_____ I need assistance in finding a place to live. (*Complete Housing Transition Assistance Form.*)

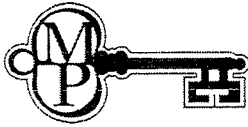
_____ I am not ready to move out of the nursing home at this time. The ombudsman will check back with me in _____ to see if I feel ready then.

I hereby give _____, the ombudsman, my permission to share this information with the Department of Health and Hospitals, Office of Aging and Adult Services (OAAS). If I have requested assistance with housing, the Office of Aging and Adult Services may also share information with agencies that provide or assist with finding housing. I also give permission for the OAAS staff to send the ombudsman copies of correspondence to me so that the ombudsman will be kept informed about the progress of my request.

Resident / Resident Representative

Date

Comments: _____



MY PLACE LOUISIANA

HOUSING TRANSITION ASSISTANCE FORM

Client Name _____	Estimated Date of Discharge _____
Nursing Facility _____	Contact Name _____
Address _____	Phone _____
_____	Fax _____

Accessibility Requirements: (Check all that apply)

<input type="checkbox"/> Wheelchair <input type="checkbox"/> Parking Space <input type="checkbox"/> Grab Bars and Handrails	<input type="checkbox"/> No Steps <input type="checkbox"/> Few Steps <input type="checkbox"/> Other (Describe)
---	--

Location	1) _____	Gross Income*	_____
Preferences	2) _____	Income Source**	_____
	3) _____	# of Household Members	_____
	4) _____	Bedroom Size	_____

* Write in the approximate amount of client's gross annual income (before taxes) from all sources.
 **Sources include wages, SS, SSI, welfare, unemployment, monetary contributions from family members, inc.

Household Members (Provide this information if client is seeking subsidized housing)				
Please list all members that will be living in unit	Relationship to Head	Age	Sex	Income

Information Provided by Agency Name