
CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

APPENDIX B – FORMS

PAGE(S) 1

FORMS

The following forms and procedural policies are available on the Office of Aging and Adult Services' website:

Form/Document Name	Web Address
Rights and Responsibilities for Applicants/Participants of Home and Community-Based Waiver Services (HCBWS)	http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/RightsRespon_Waivers.pdf
Transition Services Expense and Planning Approval (TSEPA) form	http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/OAASPF07010TSEPAFormRI81408.pdf
<i>OAAS Critical Incident Reporting Policies and Procedures</i>	http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/OAASADM10020CIRpoliciesOAASRI62210HENLEYLEVELLE.pdf
Request for Payment/Override Form	http://new.dhh.louisiana.gov/assets/docs/OAAS/publications/Forms/Request-for-Payment-Override-Form.pdf