

Appendix D-2

HAWAI‘I’S GOING HOME PLUS PROJECT

INFORMED CONSENT FOR PARTICIPATION

Name	Medicaid Number
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This project is to help people who live in a facility to move to a home in the community.

- A transition coordinator will ask me if I want to move to a home in the community.
- If I do want to move to a home in the community:
 - It is ok for the transition coordinator to see my health record.
 - The transition coordinator can also talk with my doctor and others about my health needs.
 - The transition coordinator will help me find a home, apartment, or small-group home and move there.
- The transition coordinator explained all the services I can have when I live in the community.
- I know the project is for 365 days.
- If I have to go to the hospital or to a nursing home, those days do not count toward my 365 days.
- After the project I will continue to get services in the community (except for telehealth and the transition coordinator services) if I am Medicaid eligible.

Privacy:

- My personal information is private.
- My information will be kept safe.

Leaving the Project:

- If I do not like my new home, my transition coordinator will help me find a new home.
 - I may not be able to return to the nursing home, ICF-MR or hospital.
 - It may be very hard to find me a bed at a nursing home.
- Being in the *Going Home Plus* project is my choice.
- I can leave the project at any time. My transition coordinator, case manager, or the Project Director will give me a form to sign.

Quality of Life Survey

- Someone will visit to ask me questions about how I like living in the community.
- My name will not be printed on any reports.

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Questions or Concerns:

- If I have any questions I can ask one of the following people:
 - My transition coordinator _____ at _____
 - Madi Silverman, Project Director, at: (808)692-8072

Complaints:

- I understand I have rights to file a grievance or appeal a decision as a Medicaid waiver participant.
- The transition coordinator has provided me information about my rights and how can file a grievance or appeal.

I want to be part of *Going Home Plus*.

- My transition coordinator has explained to me my rights and responsibilities under the *Going Home Plus* project.
- My transition coordinator will give me a signed copy of this consent form to keep.
- I received answers to my questions.
- By signing this form, I agree to participate in the *Going Home Plus* project.

Signature- <i>Participant</i>	Date Signed
Signature- <i>Legal Guardian</i> (If Applicable)	Date Signed

If unable to provide written consent, verbal consent given by: _____

Signature- <i>Witness</i>	Relationship
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TRANSITION COORDINATOR ACKNOWLEDGEMENT

- I have read the informed consent materials to the applicant, and I believe that he/she (or the guardian, if signed) understands the information presented.
- After going over the materials, the person declined to participate.

Signature- <i>Transition Coordinator</i>	Date Signed
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