

New Hampshire Nursing Home Transition Project Informed Consent Form

I want and hereby agree to participate in the New Hampshire Nursing Home Transition Project.

I understand that through this project the New Hampshire Division of Elderly and Adult Services is piloting new ways of supporting nursing home residents in their desire to return to the community. I have been told how the program may help me return to the community.

I understand that my participation in the project is voluntary. I do not have to participate in the project, but choose to do so. I also understand that I can withdraw from the project at any time. If I choose to withdraw from the project, prior to moving out of the nursing home, my current services will not be effected in any way as a result of the project. If I choose to withdraw from the project within 10 days of returning to the community, I will be able to return to my current nursing home bed. If I choose to withdraw from the project after being in the community for 10 days, I understand that I am not guaranteed my current nursing home bed back or a bed in the same nursing facility, although every effort will be made to return me to that facility.

I understand that I will work with an Independent Service Coordinator (ISC) to design, set up and monitor my community support plan. I understand that I will not have to pay for the ISC's services while I remain in the nursing facility. If I am eligible for community based Medicaid services, I will not have to pay for my ISC's services when I return to the community. If I am not eligible for community based Medicaid services, I will have to pay for my ISC's services out of my own money, if I choose to continue receiving ISC services when I return to the community. I also understand that I can fire my ISC at any time, and will be given the opportunity to choose another ISC, if one is available. If another ISC is not available, I may have to withdraw from the project.

I understand that by agreeing to participate in the project I am not guaranteed the services to return to the community. Rather, an ISC will work with me to explore my desire to return to the community, determine the feasibility of such a move and assist me in trying to access those services and supports to support my return to the community.

I understand that all information that I give to my ISC, including health information, and any medical records that the ISC obtains or maintains, may be shared with project personnel, including the New Hampshire Department of Health and Human Services, the Institute for Health Law and Ethics at the Franklin Pierce Law Center and other ISCs who are not working directly with me. Information about me may also be shared with ISC

agency staff, and by those officially named by funding and monitoring agencies, in connection with program payment, evaluation, and research. No information about me or my services will be used in research in any way that could identify me.

I have been given a project description and all my questions about the project have been answered.

A copy of this form is as valid as an original.

Participant's Name

Participant's Signature

Representative's Signature (If one exists)

Date

I have explained the purposes and limits of the project and the services that may be available through the project. I have also explained what is expected of an individual who decides to participate in the project. I have answered all questions about the project asked by the person listed above or by their representative. I hereby witness the above signatures.

ISC's signature

Date