

Jeffrey Bodin
528 Beau Chene Dr
Mandeville, LA 70471
P: 985-520-4713

Dr. Weiss
4000 Bienville St, Suite G
New Orleans, LA 70119
P: 504-988-0301
F: 504-988-0302

To Dr. Weiss/Dr. Weiss Office,

On 10/23/18 I corresponded with Mrs. Grinasha surrounding my application for Long Term – Personal Care Services (LT-PCS). This through the Louisiana Department of Health Aging and Adult Services.

I had sent a pdf, with letter, of their required “MedDet” form. For completion by Dr. Weiss. Then sending to the state for my application.

Recently the state has denied my application. Stating that,

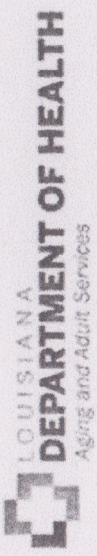
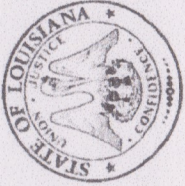
“We have not received the MedDet form that helps us decide if you meet one of the above requirements; therefore we cannot make a determination and have decided that you do not meet any of the requirements listed above.”

- See 1st attachment, “Denial of Long Term – Personal Care Services (LT-PCS)”. Location bottom of page, circled, w/arrow pointing. For the Dept of Health’s statement.
- Attached afterwards is referenced 10/23 email correspondence. Preceding a copy of the originally attached form.

Please fax another completed “MedDet” form to the LDHAA.

- Fax: 866-246-8511

Jeffrey Bodin



Denial of Long Term - Personal Care Services (LT-PCS)

JEFFREY BODIN
528 Beau Chene
Mandeville, LA 70471

Date: 11/20/2018
OAAS Participant ID: 610326
LOCET ID: 1285406
LOCET Completed on: 10/15/2018

You recently asked for Long Term - Personal Care Services (LT-PCS). YOU HAVE BEEN DENIED THESE SERVICES.

ONE of the requirements to get LT-PCS is that your mental or physical condition will very likely get worse unless you receive services, either at home or in a nursing home, within the next 120 days.

You can prove this by showing that:

- You are in a nursing home and could go home if services were available at home; OR
- You are likely to need to go into a nursing home in the next 120 days; OR
- The main person who helps you with daily activities has a disability or is age 70 or over.

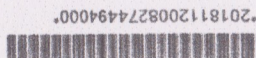
Based on answers to questions that were asked of you or someone acting for you gave in a telephone interview on 10/15/2018, we determined that (1) you were not already living in a nursing home and (2) that you did not meet ANY of the above.

We sent you a letter dated 10/16/2018 saying that we needed information from your doctor, and/or verification of your primary caregiver's age or disability to help us make a final decision about whether you meet any of the above.

We have now received and reviewed that information and have decided that you do not meet any of the requirements listed above.

We have not received the MedDet form that helps us decide if you meet one of the above requirements; therefore we cannot make a determination and have decided that you do not meet any of the requirements listed above.

↑
Failed Reason



Re: Forward/Give Attached to Dr. Weiss

Jeffrey Bodin <jeffreymbodin713@gmail.com>
Tue 10/23/18, 9:34 AM
To: Grinasha Dillon <gmdillon@sflouisiana.com>
Thanks I appreciate it.

Also, has Dr. Weiss been able to write that prescription for me yet? To fax to Walgreens?

As I'm out of my medication now.

Jeffrey Bodin

From: Grinasha Dillon <GMDillon@sflouisiana.com>
Sent: Tuesday, October 23, 2018 9:33:02 AM
To: 'Jeffrey Bodin'
Subject: RE: Forward/Give Attached to Dr. Weiss

Good Morning Jeffrey,

Sure Thing, I'm Sending It To Her Now. I'm Also Going To Print It Out So She Can Have A Hard Copy When She Returns Back From Her Trip.

Have A Great Day! ☺

From: Jeffrey Bodin [mailto:jeffreymbodin713@gmail.com]
Sent: Saturday, October 20, 2018 1:20 AM
To: Grinasha Dillon <GMDillon@sflouisiana.com>
Subject: Forward/Give Attached to Dr. Weiss

Please, forward/give the attached letter to Dr. Weiss. Its for my Long Term-Personal Care Services (LT-PCS) application.

This must be completed by **11/15/18**. And, faxed to the following: **866-246-8511**

Thanks

Jeffrey Bodin

Jeffrey Bodin
528 Beau Chene Dr
Mandeville, LA 70471

Dr. Weiss
4000 Bienville St, Suite G
New Orleans, LA 70119
P: 504-434-2564
F: 504-373-6593

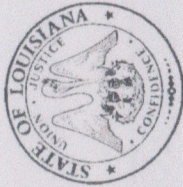
To Dr. Weiss,

Please fill out the attached "REQUEST TO PHYSICIAN FOR MEDICAL DATA" forms.

They are for my current application for Long Term-Personal Care Services (LT-PCS). This must be completed by **11/15/18**. And, faxed to the following: **866-246-8511**

I appreciate your assistance with these forms. This program should greatly help me in my daily life. Especially to alleviate some of the current burden on my parents.

Jeffrey Bodin
528 Beau Chene Dr
Mandeville, LA 70471



**REQUEST TO PHYSICIAN FOR
MEDICAL DATA**

DATE: 10/16/2018

TO: Physician:	Return To: Louisiana Options in Long Term Care 2900 Westfork Drive, Suite 540 Baton Rouge LA 70827 FAX: 866-246-8511
RE: JEFFREY BODIN	

Explanation:

JEFFREY BODIN has applied for Long Term-Personal Care Services (LT-PCS). LT-PCS is a Medicaid-funded program that provides some level of in-home assistance with Activities of Daily Living, such as locomotion, eating, bathing, dressing, toileting. Assistance may also be provided for Instrumental Activities of Daily Living such as light housekeeping, medication management, laundry and shopping. The **LT-PCS program does not provide 24-hour support** in the home.

WE NEED INFORMATION FROM YOU TO COMPLETE OUR DETERMINATION PROCESS REGARDING THIS INDIVIDUAL'S ELIGIBILITY FOR LT-PCS. IMPORTANT INSTRUCTIONS:

- The questions on page 2 of this document **MUST BE COMPLETED IN ITS ENTIRETY** (This includes checking the box that most appropriately fits the individual's current situation and providing a statement to support your response).
- We cannot authorize payment for completion of this form.
- Failure to complete the form in its entirety and return it by 11/15/2018, including providing a statement supporting your response(s,) will result in our inability to process this individual's request for services.



I. PATIENT INFORMATION:

Individual's Name: JEFFREY BODIN

DOB: 05/22/1997

Date of this individual's last visit with you:

II. ELIGIBILITY QUESTIONS (Please check the yes/no box that in your professional opinion more closely fits this individual's current situation and include a supporting statement. **Both questions must be answered in entirety.**)

1. This individual is likely to require admission to a nursing facility within the next 120 days. Yes No

Please explain by providing a statement supporting your response:

2. This individual faces a substantial possibility of deterioration in mental or physical condition or functioning if either home and community-based services or nursing facility services are not provided in less than 120 days. Yes No

Please explain by providing a statement supporting your response including an explanation of how the provision of personal care services in the home will prevent or delay this deterioration:

III. PHYSICIAN SIGNATURE (By signing below, I am attesting to the accuracy of the information contained within this document, to the best of my medical knowledge.)

Printed Name of Louisiana-Licensed Physician:

Date:

Physician Signature:

NPI Number:

Medical Specialty:

Address:

Phone #:

Fax:



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FOR OAS/OAAS DESIGNEE USE ONLY		
<input type="checkbox"/>	Meets Medical/Mental risk of deterioration	
<input type="checkbox"/>	Does not meet Medical/Mental risk of deterioration due to:	
Signatures, Titles of OAS/OAAS Designee Reviewers:		
Reviewer Signature:	Date:	
Reviewer Title:		
Reviewer Signature:	Date:	
Reviewer Title:		

