

RIGHTS & RESPONSIBILITIES OF APPLICANTS/PARTICIPANTS OF HOME AND COMMUNITY – BASED SERVICES (HCBS) FOR WAIVER

You have the RIGHT to:

- Fair treatment regardless of race, religion, gender, ethnicity, age or disability.
- Receive information about how to access Medicaid and non-Medicaid services.
(Accommodations for special needs such as interpretive services, translated materials, etc., are available upon request)
- Receive information about eligibility, application and assessment requirements for HCBS waiver services.
- Privacy and confidentiality in all communications and interactions related to your application and waiver services;
- Designate a Responsible Representative (if you choose) to accompany, assist and represent you in waiver related matters.
- Be treated with dignity and respect.
- Receive services in a professional manner from providers whose employees have been trained and are qualified.
- Be free from mental or physical abuse, coercion, restraints, seclusion, and any other forms of restrictive interventions.
(See next page for telephone number to report suspected cases of abuse, neglect and/or exploitation)
- Receive information and assistance to register to vote.
- Autonomy and independence by freely choosing:
 - How, where, and with whom you live;
 - Daily activities and preferred services and schedule; and
 - Your provider (from a list of qualified providers).**(Speak with your support coordinator at any time if you are interested in changing providers. Contact your OAAS Regional Office if you are interested in changing your Support Coordination agency.)**

How Your Type and Amount of Services Are Determined:

- You will be assessed using an interRAI home care assessment tool.
- The assessment is scored based on your responses and the observations of the assessor.
- The type and amount of services you will be eligible for depends on the score resulting from the assessment.
- Your assessor will review the results of the assessment with you and explain the Service Hour Allocation of Resources (SHARe) method used to determine your amount of services and/or waiver budget. You may refuse any service you do not wish to receive.



RIGHTS & RESPONSIBILITIES (CONTINUED)

It is your **RESPONSIBILITY** to:

- Participate in only one (1) Medicaid waiver program at a time.
- Cooperate and actively participate in the:
 - Eligibility determination process,
 - Wavier assessment,
 - Plan of Care (POC) development, and
 - POC performance.

This means answering questions truthfully and allowing support coordinators and/or providers to contact you, and hold meetings with you in your home, as required in the rules of the waiver program.

- Request only those services needed to remain in your home. Services should not be requested for the convenience of providers or support coordinators.
- Be available to receive waiver services as indicated in your POC. Refusing or voluntarily going without waiver services for 30 or more days (90 days if admitted to a facility) may result in your discharge from the waiver program.
- Maintain a safe and legal home environment.
- Pay the agreed upon portion of Medicaid determined Patient Liability Income (PLI) toward cost of Waiver supports **(If applicable)**.
- **Report** suspected **FRAUD** to your support coordinator and Health Standards Section: **1-800-660-0488**.
- Report to your support coordinator any changes in your:

<ul style="list-style-type: none"> ➤ health ➤ medications 	<ul style="list-style-type: none"> ➤ physical condition ➤ living situation
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- **Report** critical incidents **IMMEDIATELY** to your provider and support coordinator. Critical incidents include, but not limited to:

<ul style="list-style-type: none"> ➤ Falls ➤ Major injury ➤ Major medical events (medical procedure, new treatment, hospitalization, etc.) 	<ul style="list-style-type: none"> ➤ Involvement with Law Enforcement ➤ Mental or physical Abuse/Neglect/Extortion/Exploitation
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Report suspected mental or physical abuse, neglect, extortion, or exploitation:

Adult Protective Services (APS) for individuals ages 18-59

1-800-898-4910

Elderly Protective Services (EPS) for individuals 60+

1-833-577-6532

RIGHTS & RESPONSIBILITIES (CONTINUED)

Appeals and Complaints:

- You may file a complaint against a provider, or the Louisiana Department of Health (LDH), if you are not satisfied with the services offered or provided to you.

- Complaints about **PROVIDERS**, call:

Health Standards Section (HSS)
1-800-660-0488

- Complaints about a **SUPPORT COORDINATION AGENCY**, call:

Office of Aging and Adult Services (OAAS) Help Line
1-866-758-5035

- You may file for an appeal to be heard and reviewed by an impartial judge regarding any waiver decisions/actions taken which you do not agree with.
- Instructions on how to **file an appeal** are sent with all adverse actions notices. You may also call:

The Division of Administrative Law
1-225-342-5800

- If you need assistance, you may contact:

Advocacy Center
1-800-960-770

If you have **any questions** regarding the rules of your HCBS waiver program or your RIGHTS and RESPONSIBILITIES as an HCBS applicant/participant, please contact any of the following:

Support Coordination Agency: _____

OAAS Regional Office: _____

OAAS Help Line: 1-866-758-5035