

Office of Aging and Adult Services (OAAS)

Rights and Responsibilities for Applicants/Participants of Home and Community-Based Waiver Services (HCBWS)

RIGHTS

These are your **rights** as an applicant/participant of Home and Community-Based Waiver Services (HCBWS):

- To be treated with dignity and respect.
- To be free from abuse, neglect and exploitation. Report suspected abuse, neglect and exploitation by calling
 - Adult Protective Services at 1-800-898-4910 for individuals ages 18 through 59 or
 - Elderly Protective Services at 1-800-259-4990 for individuals ages 60 and above.
- To decide how, where and with whom you live.
- To actively participate in developing your Plan of Care (POC) that reflects your preferences.
- To include the people you want to help in developing your Plan of Care (POC).
- To freely choose the providers that work with you.
- To know that your providers do not have to be at the assessment and planning meetings unless you want them there.
- To be free from use of restraints.
- To receive written, accurate, complete and timely information about eligibility, application and assessment for Home and Community-Based Waiver Services (HCBWS).
- To file a complaint, grievance or appeal for a fair hearing with a support coordination agency, provider agency, or the Department of Health and Hospitals (DHH) if you are not satisfied with services offered or provided to you. Filing a grievance or making a complaint does not begin or replace a fair hearing request.
 - OAAS Help Line toll-free number: 1-866-758-5035
(Use this # for general information about OAAS home and community-based waiver services.)
 - Health Standards Section (HSS) complaint toll-free number: 1-800-660-0488
(Use this # for complaints about support coordinators, and/or providers.)
 - Division of Administrative Law – HH: 1-225-342-0443
(Use this # for information about the appeal and fair hearing processes.)

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- To receive services and supports from trained and competent workers.
- To have timely access to all approved services included in your Plan of Care (POC).
- To receive in writing any rules, regulations or other changes that affect your participation in Home and Community-Based Waiver Services (HCBWS).
- To receive information explaining support coordination and provider responsibilities and requirements for providing services to you.
- To receive information about how to access Medicaid and non-Medicaid services that may help you.
- To receive from your support coordinator an explanation of what type of services and what amount of each kind of service is included or is proposed to be included in your POC.
- To review with your support coordinator, item by item, the completed Minimum Data Set – Home Care (MDS-HC) assessment to determine if it is accurate before the MDS-HC is used to develop your POC and before the POC is submitted for final eligibility review and processing.
- To receive from your support coordinator an explanation of the different Resource Utilization Groups (RUG) or ADL Index groups (if applicable) so that you understand your RUG or ADL Index score.
- To request more hours, over the maximum of the RUG or ADL index category (if applicable) you have been assigned, if needed to avoid entering a nursing facility.
- To request more hours of service within your RUG or ADL index (if applicable) score category if you have not been given the maximum.
- To appeal for more hours if you believe that your MDS-HC assessment was not completed correctly and/or if more hours are needed to avoid entering a nursing facility.
- To change your support coordinator or support coordination agency. You may change support coordination agency after every six (6) months or at any time with “good cause.”
- To change your home based direct service provider once every quarter (3 months) of the calendar year with the effective date being the beginning of the following quarter or at any time with “good cause”.
- To change your ADHC provider once every six (6) months or at any time with “good cause”.

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•To call the assessor's supervisor at the following number ____ - ____ - ____ or, the OAAS Regional Office at the following number ____ - ____ - ____ if the assessor did not explain all of the above rights to you.

RESPONSIBILITIES

These are your **responsibilities** as an applicant/participant of Home and Community-Based Waiver Services (HCBWS):

- To actively participate in planning and making decisions about your supports and services.
- To cooperate with your support coordinator and provider(s) in planning for all the services and supports you will receive by:
 - Being available to receive planned services;
 - Contacting the support coordinator and/or provider to cancel a scheduled visit;
 - Being courteous and respectful to the worker(s); and
 - Maintaining a safe and lawful environment.
- To refuse to sign any paper that you do not understand or that is not complete.
- To provide necessary and correct information about yourself. This will help in developing a Plan of Care (POC) that will include the services and supports that assist you and reflect your preferences.
- To cooperate with the provider so that they are able to comply with applicable laws, policies and procedures.
- To immediately report to your support coordinator and provider(s) who work with you if any of the following changes: your health, medications, physical condition, level of informal supports, address, phone number, alternate contact number, or financial situation changes.
- To immediately report to your support coordinator and provider(s) if you are admitted to a hospital or nursing facility.
- To immediately report to your support coordinator and provider(s) critical incidents including, but not limited to those involving abuse, neglect, exploitation, extortion, major injury, involvement with law enforcement, major illness, elopement/missing, falls, and major medication incidents. The support coordinator should be made aware of any serious changes in your condition or situation and he/she will assist you in reporting and resolving critical incidents.

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- To help your planning team identify all available paid and unpaid community supports that do or could help meet your needs. Examples of community supports include friends, family, and community organizations.
- To follow the rules of the programs, and if information is not clear, to ask your support coordinator to explain it to you.
- To verify you have received the services the provider indicates you received, including the number of hours your provider works, and to report any differences to your support coordinator.
- To cooperate with all required assessments. Failure to do so may result in your becoming ineligible to receive Home and Community-Based Waiver Services (HCBWS).
- To participate in only one (1) Medicaid Waiver program at a time.
- To understand as a participant of the waiver program, if you fail to receive waiver services for thirty (30) or more days in a row, your waiver case may be closed.
 - This thirty (30) day continuity of services rule does not apply to acute care hospital, rehabilitation hospital, or a nursing facility stay. You shall be discharged from the waiver if you are admitted to an acute care hospital, rehabilitation hospital or a nursing facility if you plan to stay or stay longer than ninety (90) days in a row.
- To cooperate with staff of the DHH or its designee, support coordination staff and your providers by allowing them to contact you by phone at least monthly and visit you once every three (3) months in your home, for the following reasons:
 - To complete assessments and develop your plan of care (POC)
 - To observe and verify that you are receiving the services listed on your POC and as reported by your provider(s)
 - To revise your POC as needed
 - To respond to complaints