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Rights and Responsibilities for Applicants/Participants of EPSDT Targeted Support Coordination

These are your **rights** as an applicant for or a participant in EPSDT Targeted Support Coordination Services:

- To be treated with dignity and respect.
- To participate in and receive person-centered, individualized planning of supports and services.
- To receive accurate, complete, and timely information that includes a written explanation of the process of evaluation and participation in EPSDT Targeted Support Coordination Services including how you qualify for it and what to do if you are not satisfied.
- To work with competent, capable people in the system.
- To file a complaint, grievance, or appeal with a support coordination agency, direct service provider, or the Louisiana Department of Health regarding services provided to you if you are dissatisfied. Please call Health Standards at 1-800-660-0488.
- To have a choice of service/support providers when there is a choice available.
- To receive services in a person-centered way from trained, competent caregivers.
- To have timely access to all approved services identified in your Comprehensive Plan of Care (CPOC).
- To receive in writing any rules, regulations, or other changes that affect your participation in EPSDT Targeted Support Coordination Services.
- To receive information explaining support coordinator and direct service provider responsibilities and their requirements in providing services to you.
- To have all available Medicaid services explained to you and how to access them **if you are a Medicaid recipient**.
- To discontinue EPSDT Targeted Support Coordination Services at any time without discontinuance of the prior authorized Medicaid services which you are receiving or have requested; you may request to resume EPSDT Targeted Support Coordination Services at any time by calling Statistical Resources, Inc. (SRI) at 1-800-364-7828.

These are your **responsibilities** as an applicant for or a participant in EPSDT Targeted Support Coordination Services:

- To actively participate in planning and making decisions on supports and services you need.
- To cooperate in planning for all the services and supports you will be receiving.
- To refuse to sign any paper that you do not understand or that is not complete.
- To provide all necessary information about yourself. This will help the support coordinator to develop a Comprehensive Plan of Care (CPOC) that will determine what services and supports you need.
- To not ask providers to do things in a way that are against the laws and procedures they are required to follow.

Responsibilities (continued) as an applicant for or a participant in EPSDT Targeted Support Coordination Services:

- To cooperate with Medicaid and your support coordinator by allowing them to contact you by phone and visit with you at least quarterly. Necessary visits include an initial in-home visit in order to gather information and complete an assessment of needs, regular quarterly visits at the location of your choice to assure your plan of care is sufficient to meet your needs, and visits resulting from complaints to BHSF.
- To immediately notify the support coordinator and direct service provider who works with you if your health, medications, service needs, address, phone number, alternate contact number, or your financial situation changes.
- To help the support coordinator to identify any natural and community supports that would be of assistance to you in meeting your needs.
- To follow the requirements of the program, and if information is not clear, ask the support coordinator or direct service provider to explain it to you.
- To verify you have received the medical services the provider says you have received, including the number of hours your direct service provider works, and report any differences to your support coordinator.
- To obtain assessment information/documentation requested by your support coordinator or service provider that is required for accessing the services that you are requesting, i.e. Individualized Educational Plan (IEP), form 90, etc.
- To understand that EPSDT Targeted Support Coordination Services have an age requirement and that support coordination services and some Medicaid services will be discontinued at the 21st birthday.
- To understand that you may request to discontinue EPSDT Targeted Support Coordination Services at any time without discontinuance of the prior authorized Medicaid services which you are receiving or have requested; to understand that you may request to resume EPSDT Targeted Support Coordination Services at any time by calling Statistical Resources, Inc. (SRI) at 1-800-364-7828.

Beneficiary's Name: _____

I have read and understand my rights and responsibilities for applying for / participating in EPSDT Targeted Support Coordination Services. I also understand the reasons that EPSDT Targeted Support Coordination Services may be discontinued for me or the person whom I am authorized to represent in this matter.

Beneficiary/Guardian's Signature: _____ **Date:** _____

I reviewed the Rights and Responsibilities with the beneficiary/guardian.

Support Coordinator's Signature: _____ Date: _____