

All individuals participating in a Home and Community Based Services (HCBS) Medicaid waiver are ensured specific rights regarding the delivery of waiver services and have specific responsibilities for receiving waiver services.

Waiver Participant's Rights

As a waiver participant you have the right to:

1. Be informed of your rights prior to receiving waiver services;
2. Receive services without regard to race, religion, color, creed, gender, national origin, sexual orientation, marital status, or disability;
3. Be treated as an individual with consideration, dignity and respect including but not limited to person, residence and possessions;
4. Have services provided that support your health and welfare;
5. Assume reasonable risks and have the opportunity to learn from these experiences;
6. Be provided with an explanation of all services available in the waiver and other health and community resources that may benefit you;
7. Participate or designate an individual to participate on your behalf in the development, review and approval of all Service Plans, including any changes to the Service Plan;
8. Select a Service Coordination provider;
Note: Waiver participants are afforded the right to choose provider agencies, not specific provider staff.
9. Receive assistance from your Service Coordinator to select service providers from other agencies. You may not choose to receive most other services from the same agency where your Service Coordinator works;
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10. Request a change in services (add, increase, decrease or discontinue) at any time;
11. Be fully informed of the process for requesting a Conference with the RRDC and/or a Fair Hearing upon receipt of a Notice of Decision or at any time while a participant of the NHTD or TBIs waiver;
12. Be informed of the name and duties of any person providing services to you under your Service Plan;
13. Have the freedom and support to control your own schedule and activities;
14. Receive services from approved, qualified individuals;
15. Receive from the Service Coordinator, in writing, a list of names, telephone numbers, hours of operation, and supervisors for all waiver service providers, the RRDS, and the Waiver Complaint line;
16. Refuse care, treatment and services after being fully informed of and understanding the potential risks and consequences of your actions;
17. Have your privacy respected, including the confidentiality of personal records, and have the right to refuse the release of the information to anyone not authorized to have such records, except in the case of your transfer to a health care facility or as required by law or Medicaid requirements;
18. Submit complaints about any concerns regarding services provided;
19. Receive support and direction from the Service Coordinator to resolve your concerns and complaints about services and service providers;

Waiver Participant's Rights (continued)

20. Receive additional support and direction from the RRDS and DOH waiver staff as desired or in the event that your Service Coordinator is not successful in resolving concerns and complaints about services and service providers;
21. Have your complaints responded to and be informed of the outcome;
22. Have your service providers protect and promote your ability to exercise all rights identified in this document without fear of reprisal;
23. Have all rights and responsibilities outlined in this document forwarded to your court appointed legal guardian, advocate or anyone you choose to act on your behalf;
24. Participate in surveys inquiring about your experiences as a waiver participant. This includes the right to refuse to participate in surveys without jeopardizing your continued participation in the waiver program; and
25. Exercise all rights listed here without fear of reprisal.

Waiver Participant's Responsibilities

As a waiver participant you are responsible to:

1. Work with your Service Coordinator to develop/revise your Service Plan to assure timely reauthorization of the Service Plan;
2. Direct and actively participate in waiver services as identified in your service plan and receive Service Coordination at least monthly;
3. Follow your Service Plan and notify your Service Coordinator if problems occur;
4. Talk to your Service Coordinator and other waiver providers if you want to change your services or goals;
5. Provide to the best of your knowledge, complete and accurate medical history including all prescribed and over-the-counter medications you are taking and understand the risk(s) associated with your decisions about care;
6. Inform the Service Coordinator about all treatments and interventions in which you are involved;
7. Maintain your home in a manner which enables you to safely live in the community;
8. Secure and maintain an appropriate community residence;
9. Ask questions when you do not understand your services;
10. Not participate in any criminal behavior. You understand that, if you do, your service provider(s) may leave, the police may be called and your continuation in the waiver program may be jeopardized;
11. Report any changes in your medical condition, circumstances, informal supports and formal supports to your Service Coordinator;
12. Provide accurate information related to your coverage under Medicaid, including any notices from the Local Department of Social Services regarding your Medicaid, Medicare or other medically-related insurance programs to your Service Coordinator;
13. Work with your Service Coordinator to maintain active Medicaid;
14. Notify all providers as soon as possible if the scheduled service visit needs to be rescheduled or changed;
15. Notify appropriate person(s) should any problems occur or if you are dissatisfied with services provided;
16. Treat the RRDS and your service providers with consideration, dignity and respect. Show respect and consideration for staff and their property. Do not create an environment which is hostile for the RRDS or your service providers.

I have read the Waiver Participant’s Rights and Responsibilities, or it has been read to me and I understand its contents and purpose as written. I understand that failure to adhere to the responsibilities outlined above, and/or my signed current Service Plan may result in discontinuation of waiver service(s) and termination from the waiver.

_____ Applicant/Participant	_____ Signature	_____ Date
_____ Legal Guardian/Committee (if applicable)	_____ Signature	_____ Date
_____ Authorized Representative (if applicable)	_____ Signature	_____ Date
_____ Service Coordinator Name	_____ Signature	_____ Date

cc: All current waiver service providers