RECIPIENT RIGHTS AND RESPONSIBILITIES

Recipients have specific rights and responsibilities that accompany eligibility and participation in the Medicaid and Medicaid waiver programs. Support coordinators and service providers must assist recipients to exercise their rights and responsibilities. Every effort must be made to assure that applicants or recipients understand their available choices and the consequences of those choices. Support coordinators and service providers are bound by their provider agreement with Medicaid to adhere to the following policies on recipient rights.

Freedom of Choice of Program

Individuals who have been offered waiver services have the freedom to select between the institutional care services and community-based services. They have the responsibility to participate in the evaluation process which includes providing the medical and other pertinent information or assisting in obtaining it for use in the person-centered planning process and certification for services. When applicants are admitted to the waiver, they have access to an array of Medicaid services.

Freedom of Choice of Support Coordination and Service Providers

At the time of admission to the waiver, and every six months thereafter, recipients have the opportunity to change support coordination providers, if one is available. A recipient may change support coordination agencies at any time with good cause.

Recipients also have the freedom of choice to select their Adult Day Health Care (ADHC) provider. Recipients may change their ADHC provider once every six months or at any time with good cause. Support coordinators will provide recipients their choice of ADHC providers and help arrange and coordinate the services on the Plan of Care.

Adequacy of Care

All recipients in Louisiana's home and community-based waiver programs have the right to choose and receive the services necessary to support them to live in a community setting. Services are arranged and coordinated through the support coordination system and approval by the Office of Aging and Adult Services (OAAS) regional office staff. Administrative limits are placed on some services according to the waiver that is authorized by the Center for Medicare and Medicaid Services.

Recipients have the responsibility to request only those services they need and not request excess services, or services for the convenience of providers or support coordinators. Units of service are not "saved up". The services are certified as medically necessary and are revised on the Plan

of Care as each recipient's needs change.

Participation in Care

Each recipient shall participate in a person-centered planning meeting and any other meeting involving decisions about services and supports to be provided as part of the waiver process. Person-centered planning will be utilized in developing all services and supports to meet the recipient's needs. By taking an active part in planning his/her services, the recipient is better able to utilize the available supports and services. The recipient shall report any service need change to his/her support coordinator and service provider(s).

Changes in the amount of services must be requested by the support coordinator at least 15 days before taking effect, except in emergencies. These changes must be approved by the OAAS regional office. Providers may not initiate requests for change of service or modify the Plan of Care without the participation and consent of the recipient.

Voluntary Participation

Recipients have the right to refuse services, to be informed of the alternative services available to them, and to know the consequences of their decisions. Therefore, a recipient will not be required to receive services that he/she may be eligible for but does not wish to receive. The intent of the ADHC Waiver is to provide community-based services to individuals who would otherwise require care in a nursing facility. Providers must assure that the recipient's health and welfare needs are met. As part of the planning process, methods to comply with these assurances may be negotiated to suit the recipient's needs and outcomes.

Quality of Care

Each recipient of home and community-based waiver services has the right to receive services from provider agency employees who have been trained and are qualified to provide them. In cases where services are not delivered according to the approved Plan of Care or there is abuse or neglect on the part of the service provider, the recipient shall follow the complaint reporting procedure and cooperate in the investigation and resolution of the complaint. Recipients may not request providers to perform tasks that are illegal or inappropriate, and they may not violate the rights of other recipients.

Civil Rights

Providers shall operate in accordance with Title VI and VII of the Civil Rights Act of 1964, as amended and the Vietnam Veterans Readjustment Act of 1974 and all requirements imposed by or pursuant to the regulations of the U.S. Department of Health and Human Services. This means that individuals are accepted and that all services and facilities are available to persons

without regard to race, color, religion, age, sex, or national origin. Recipients have the responsibility to cooperate with their providers by not requesting services which in any way violate these laws.

Notification of Changes

The Bureau of Health Services Financing (BHSF) is responsible for determining financial eligibility for the ADHC waiver recipients. In order to maintain eligibility, recipients have the responsibility to inform BHSF of changes in their income, address, and living situation.

The OAAS is responsible for approving level of care and medical certification. In order to maintain this certification, recipients have the responsibility to inform the OAAS, through their support coordinator, of any significant changes which affects their service needs. Neither support coordinators nor service providers may approve or deny eligibility for the waiver.

Grievances/Fair Hearings

The recipient has a responsibility to bring problems to the attention of providers or the Medicaid program and to participate in the grievance or appeal process.

Each support coordination/direct service provider shall have grievance procedures through which recipients may grieve the supports or services they receive. The provider shall advise recipients of this right and of their rights to a fair hearing and the process for an appeal through the Medicaid program. In the event of a fair hearing, a representative of the service provider and support coordination agency shall appear and participate in the proceedings, if requested.

An appeal by the recipient may be filed at the local Medicaid Office or with the Department of Health and Hospitals' Bureau of Appeals. (See Appendix A for contact information)

Complaint/Help Lines

Toll-free numbers are available to provide waiver assistance, clarification of waiver services, and reporting complaints regarding waiver services including reports of abuse, neglect and exploitation. (See Appendix A for contact information)

These toll-free numbers are accessible within the State of Louisiana.