
CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.4: BENEFICIARY RIGHTS/RESPONSIBILITIES PAGE(S) 7

BENEFICIARY RIGHTS AND RESPONSIBILITIES

Beneficiaries have specific rights and responsibilities that accompany eligibility and participation in the Medicaid and Medicaid waiver programs. Support coordination agencies and service providers must assist beneficiaries to exercise their rights and responsibilities. Every effort must be made to assure that applicants or beneficiaries understand their available choices and the consequences of those choices. Support coordination agencies and service providers are bound by their provider agreement with Medicaid to adhere to the following policies on beneficiary rights. (See Appendix B for the link to the “Office of Aging and Adult Services (OAAS) Rights and Responsibilities of Applicants/Participants of Home and Community-Based Services (HCBS) for Waiver” form).

Each individual who requests Community Choices Waiver (CCW) services has the option to designate a responsible representative to assist or act on their behalf in the process of accessing and/or maintaining CCW services. The beneficiary has the right to change their responsible representative at any time. The responsible representative may not concurrently serve as a responsible representative for more than 2 beneficiaries in a Medicaid HCBS program that is operated by the OAAS (unless an exception is granted by OAAS) which includes, but is not limited to:

1. Program of All-Inclusive Care for the Elderly (PACE);
2. Long-Term Personal Care Services (LT-PCS);
3. CCW; and
4. Adult Day Health Care (ADHC) Waiver.

Freedom of Choice Program

Individuals who have been offered waiver services have the freedom to choose between institutional care services and HCBS. They are informed of their alternatives under the waiver at the time they are going through the Medicaid application and determination process. These individuals have the responsibility to participate in this process which includes providing medical and other pertinent information or assisting in obtaining this information to be used in the person-centered planning and service approval process. When applicants are admitted to the waiver, they have access to an array of Medicaid services.

CHAPTER 7: COMMUNITY CHOICES WAIVER**SECTION 7.4: BENEFICIARY RIGHTS/RESPONSIBILITIES PAGE(S) 7****Freedom of Choice Agencies/Providers**

Beneficiaries have the freedom of choice (FOC) to select their support coordination agency/providers. Beneficiaries may make agency/provider changes based on the following schedule:

Type of Service	Without Good Cause	With Good Cause
Transition Services Assistive Technology	Not applicable	Not applicable
Personal Assistance Services	Every 3 months based on a calendar quarter	Any time
Support Coordination Transition Intensive Support Coordination	Beneficiaries must have been with the agency at least 6months	Any time
ADHC ADHC Health Status Monitoring	Once every 6 months with the change effective beginning the 1 st day of the following calendar quarter	Any time
Environmental Accessibility Adaptation Skilled Maintenance Therapy Nursing Assistive Devices and Medical Supplies Caregiver Temporary Support Service Home Delivered Meals Monitored In-Home Caregiving Services (MIHCs) Housing Transition or Crisis Intervention Services and Housing Stabilization Services	Every 6 months	Any time

CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.4: BENEFICIARY RIGHTS/RESPONSIBILITIES PAGE(S) 7

Financial Management Services (FMS)	Once every 3 months and the start date with the new Fiscal Employer Agent (FEA) must be at the beginning of the calendar quarter.	Any time
-------------------------------------	---	----------

Good cause is defined as:

1. A beneficiary moving to another region in the state where the current provider/agency does not provide services;
2. The beneficiary and the provider/agency have unresolved difficulties and mutually agree to a transfer;
3. The beneficiary's health or welfare has been compromised; or
4. The provider/agency has not rendered services in a manner satisfactory to the beneficiary.

Support coordinators will provide beneficiaries with the provider FOC list(s) and help arrange and coordinate all of the services on the plan of care (POC).

The OAAS, or its designee will provide beneficiaries with their choice of support coordination agencies.

Adequacy of Care

All beneficiaries in HCBS waiver programs have the right to choose and receive the services necessary to support them to live in a community setting. Beneficiaries have the right to choose how, where, and with whom they live. Services are arranged and coordinated through support coordination services and approved by the OAAS regional office (OAAS RO) or its designee. If beneficiaries request a service and the support coordinator does not include that service in the POC, beneficiaries must contact the OAAS RO. Administrative limits are placed on some services according to the waiver document that is authorized and approved by the Center for Medicare and Medicaid Services (CMS).

CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.4: BENEFICIARY RIGHTS/RESPONSIBILITIES PAGE(S) 7

Beneficiaries have the responsibility to request only those services that they need and not request excess services, or services for the convenience of employees, providers or support coordinators. Units of service are not “saved up”. The services are certified as medically necessary for the beneficiary to be able to stay in the community and are revised on the POC as each beneficiary’s needs change. The support coordinator must be informed any time there is a change in the beneficiary’s health, medication, physical conditions, and/or living situation.

Participation in Care

Each beneficiary shall participate in the assessment and person-centered planning meetings and any other meetings involving decisions about services and supports to be provided as part of the waiver process. Each beneficiary may choose whether or not providers attend assessment and planning meetings. Person-centered planning will be utilized in developing all services and supports to meet the beneficiary’s needs. By taking an active part in planning their services, the beneficiary is better able to utilize the available supports and services. The beneficiary is expected to participate in the planning process to the best of the beneficiary’s ability so that services can be delivered according to the approved person-centered POC. The beneficiary shall report any service need change to their support coordinator and service provider(s).

Changes in the amount of services must be requested by the beneficiary and submitted to the support coordinator as soon as the need is identified. The support coordinator will prepare and submit the POC revision in accordance with the required timelines. Providers may not initiate a request for change/adjustment of service(s), or modifications to the POC, without the participation and consent of the beneficiary. OAAS RO or its designee must approve these changes.

Voluntary Participation

Beneficiaries have the right to:

1. Request services under the CCW program;
2. Refuse services;
3. Be informed of the alternative services available to them; and
4. Know the consequences of their decisions.

Therefore, a beneficiary will not be required to receive services or participate in activities that they do not want, even if they are eligible for these services. The intent of CCW is to provide HCBS to individuals who would otherwise require care in a nursing facility.

CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.4: BENEFICIARY RIGHTS/RESPONSIBILITIES PAGE(S) 7

Providers must reasonably assure that the beneficiary'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 beneficiary's needs.

Quality of Care

Each HCBS waiver beneficiary has the right to be treated with dignity and respect and receive services from provider employees who have been trained and are qualified to provide them. In addition, providers are required to maintain privacy and confidentiality in all interactions related to the beneficiary's services.

Beneficiaries have the right to be free from the following types of abuse:

1. Mental;
2. Physical;
3. Emotional;
4. Coercion;
5. Restraints;
6. Seclusion; and
7. Any other forms of restrictive interventions.

In cases where services are not delivered according to the approved POC, or there are allegations of abuse, neglect, exploitation, or extortion, the beneficiary shall follow the reporting procedures and inform the support coordinator, provider, and appropriate authorities.

Beneficiaries and providers shall cooperate in the investigation and resolution of reported incidents/complaints.

Beneficiaries must:

1. Maintain a safe and lawful home environment;
2. Not request providers to perform tasks that are illegal or inappropriate;

CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.4: BENEFICIARY RIGHTS/RESPONSIBILITIES PAGE(S) 7

3. Treat all provider's staff, including workers, and support coordination agency's staff, including support coordinators, with dignity and respect; and
4. Not violate the rights of other beneficiaries.

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 beneficiaries are accepted and that all services and facilities are available to beneficiaries without regard to race, color, religion, age, sex, or national origin. Beneficiaries have the responsibility to cooperate with their agencies/providers by not requesting services which in any way violate these laws.

Notification of Changes

The Bureau of Health Services Financing (BHSF)/Medicaid is responsible for determining financial eligibility for CCW beneficiaries. In order to maintain eligibility, beneficiaries and providers have the responsibility to inform BHSF/Medicaid of changes in the beneficiary's income, resources, address, and living situation.

OAAS or its designee is responsible for approving nursing facility level of care (NFLOC) and medical certification. Beneficiaries and their providers have the responsibility to inform OAAS of any changes which affect programmatic waiver eligibility requirements, including changes in level of care.

Grievances/Complaints

The beneficiary has a responsibility to bring problems to the attention of providers or the Medicaid program and to file a grievance/complaint without fear of retribution, retaliation, or discharge.

All support coordination agencies and providers must have grievance procedures through which beneficiaries may voice complaints regarding the supports or services they receive. Upon admission, support coordination agencies and providers must provide a copy of their complaint/grievance procedures to the beneficiary. Also, any time after admission, complaint/grievance procedures and forms shall be given to the beneficiaries upon request. It is the beneficiary's right to contact any advocacy resource as needed, especially during grievance procedures.

CHAPTER 7: COMMUNITY CHOICES WAIVER

SECTION 7.4: BENEFICIARY RIGHTS/RESPONSIBILITIES PAGE(S) 7

If beneficiaries need assistance, clarification, or to report a complaint, toll-free numbers are available. (See Appendix A for contact information).

Fair Hearings

Beneficiaries must be advised of their rights to appeal any agency action or decision resulting in suspension, reduction, discontinuance, or termination of services.

Beneficiaries have the right to a fair hearing through the Division of Administrative Law (DAL). In the event of a fair hearing, a representative of the service provider and support coordination agency must participate by telephone, or in person, if requested.

An appeal by the beneficiary may be filed with the DAL via fax, mail, online request, or by telephone. (See Appendix A for DAL contact information.) Instructions for submitting appeal requests are also included in all adverse action notices.

Rights and Responsibilities Form

The support coordinator is responsible for reviewing the beneficiary's rights and responsibilities with the beneficiary and/or their responsible representative as part of the initial intake process and at least annually, usually at the annual POC meeting, thereafter. (See Appendix B for information on accessing the "OAAS Rights and Responsibilities for Applicants/Participants of HCBS for Waiver" form).