BENEFICIARY RIGHTS AND RESPONSIBILITIES

Beneficiaries have specific rights and responsibilities that accompany eligibility and participation in Medicaid programs. Office of Aging and Adult Services (OAAS), or its designee, and providers must assist beneficiaries in exercising 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. Providers are bound by their agreement, with Medicaid, to adhere to the following policies on beneficiary rights.

Each individual who requests long term – personal care services (LT-PCS) has the option to designate a responsible representative to assist or act on their behalf in the process of accessing and/or maintaining LT-PCS. 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 two beneficiaries in a Medicaid Home and Community-Based Services (HCBS) program that is operated by OAAS (unless an exception is granted by OAAS) which includes, but is not limited to, the following:

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

Rights and Responsibilities Form

OAAS, or its designee, is responsible for reviewing the beneficiary's rights and responsibilities with the beneficiary and/or their personal representative as part of the initial intake process and at least annually thereafter. (See Appendix A for information on accessing the *OAAS Rights and Responsibilities for LT-PCS Applicants/Participants* form).

Freedom of Choice of Providers

Beneficiaries have the freedom of choice to select their providers. A list of enrolled providers is given to the beneficiary at every assessment visit. When the beneficiary chooses a provider, or chooses to change their provider, the beneficiary must contact OAAS or its designee.

Beneficiaries may make provider changes based on the following schedule:

Type of Service	Without Good Cause	With Good Cause
LT-PCS	Every 3 months based on a calendar quarter	Any time

Good cause is defined as:

1. A beneficiary moving to another region in the state where the current provider does not provide services;

2. A beneficiary and a provider having unresolved difficulties and mutually agreeing to a transfer;

3. A beneficiary's health or welfare having been compromised; or

4. A provider not rendering services in a manner satisfactory to the beneficiary.

OAAS, or its designee, will provide beneficiaries with their choice of providers and help arrange and coordinate all the services on the plan of care (POC).

Changing Providers

All requests for change of provider must be submitted in writing to the long term care (LTC) access contractor. Providers will receive written notification when approval has been given for beneficiaries to change providers.

Adequacy of Care

Beneficiaries have the responsibility to request only those services that are necessary and not request excess services, or services for the convenience of employees or providers. 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. OAAS, or its designee, must be informed any time there is a change in the beneficiary's health, medication, physical conditions, caregiver status, and/or living situation.

Participation in Care

Each beneficiary must participate in the assessment and person-centered planning meetings and any other meeting involving decisions about services and supports to be provided. 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. Changes in the amount of services may be requested by the beneficiary or by a provider on behalf of the beneficiary. OAAS, or its designee, will verify **ALL** requests with the beneficiary.

Voluntary Participation

Beneficiaries have the right to refuse services and to 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 LT-PCS is to provide community-based services to individuals who would otherwise require care in a nursing facility.

Quality of Care

Each LT-PCS beneficiary has the right to be treated with dignity and respect and receive services from providers and their 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 abuse (mental, physical, emotional, coercion, restraints, seclusion, and 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 must follow the reporting procedures and inform the provider and appropriate authorities.

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

Civil Rights

Providers must operate in accordance with Titles 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 (DHHS). 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. Beneficiaries 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 LT-PCS beneficiaries. In order to maintain eligibility, beneficiaries and providers have the responsibility to inform BHSF of changes in the beneficiary's income, resources, address, and living situation.

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

Grievances/Complaints

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

All direct service providers must have grievance procedures through which beneficiaries may voice complaints regarding the supports or services they receive. Beneficiaries must be provided a copy of the grievance procedures upon admission to a direct service provider and complaint/grievance forms shall be given to beneficiaries thereafter upon request. It is the beneficiary's right to contact any advocacy resource as needed, especially during grievance procedures.

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

Fair Hearings

Beneficiaries must be advised of their rights to appeal any action or decision resulting in an adverse action or determination. This includes: denials, 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 direct service provider (DSP) must participate by telephone, or in person, if requested.

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