

**WAIVER PARTICIPANT RIGHTS AND RESPONSIBILITIES**  
**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER**  
**TRAUMATIC BRAIN INJURY (TBI)**

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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 Traumatic Brain Injury (TBI) waiver and other health and community resources that may benefit you;
7. Have the opportunity to participate in the development, review and approval of all Service Plans, including any changes to the Service Plan;
8. Select service providers and choose to receive additional waiver services from different agencies or different providers within the same agency without jeopardizing participation in the waiver;
9. Request a change in services (add, increase, decrease or discontinue) at any time;
10. Be fully informed of the process for requesting a Conference with the RRDS and/or requesting a Fair Hearing any time while you are a participant in the TBI waiver;
11. Be informed of the name and duties of any person providing services to you under your Service Plan;
12. Have input into when and how waiver services will be provided;
13. Receive services from approved, qualified individuals;
14. 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 TBI Waiver Complaint line;

**WAIVER PARTICIPANT'S RIGHTS AND RESPONSIBILITIES (continued)**

15. Refuse care, treatment and services after being fully informed of and understanding the potential risks and consequences of such actions;
16. 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;
17. Submit complaints about any violation of rights and any concerns regarding services provided, without jeopardizing your participation in the waiver and not being subject to restraint, interference, coercion, discrimination or reprisal as a result of submitting a complaint;
18. Receive support and direction from the Service Coordinator to resolve your concerns and complaints about services and service providers;
19. Receive additional support and direction from the RRDS and DOH Waiver Management Staff as desired or in the event that your Service Coordinator is not successful in resolving concerns and complaints about services and service providers;
20. Have your complaints responded to and be informed of the outcome;
21. Have your service providers protect and promote your ability to exercise all rights identified in this document; and
22. Have all rights and responsibilities outlined in this document forwarded to your court appointed legal guardian or others authorized to act on your behalf; and
23. Participate in surveys inquiring about your experiences as a TBI waiver participant. This includes the right to refuse to participate in surveys without jeopardizing your continued participation in the TBI waiver program.

**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. Work with your waiver providers as described in your current Service Plan;
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;

**WAIVER PARTICIPANT'S RIGHTS AND RESPONSIBILITIES (continued)**

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. Ask questions when you do not understand your services;
9. 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;
10. Report any significant changes in your medical condition, circumstances, informal supports and formal supports to your Service Coordinator;
11. 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;
12. Notify all providers as soon as possible if the scheduled service visit needs to be rescheduled or changed;
13. Notify appropriate person(s) should any problems occur or if you are dissatisfied with services provided; and
14. Treat the RRDS and your service providers with consideration, dignity and respect.

**I have read the Waiver Participant's Rights and Responsibilities, or it has been read to me. 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.**

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Applicant/Participant	Signature	Date
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Legal Guardian/Committee (if applicable)	Signature	Date
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Authorized Representative (if applicable)	Signature	Date
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Service Coordinator Name	Signature	Date
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**cc: All current waiver service providers**