

Consumers of in-Home and Community-Based Services: Your Rights and Responsibilities

You have the right to:

- Receive community-based services in the most integrated setting appropriate, including at your home, workplace, and other community settings.
- Make an informed choice about where you want to live. Making an informed choice means that you understand what services would help you live safely in your own home, or another community setting and can make a meaningful choice about where to live.
- Choose your Home and Community-Based Services (HCBS) case manager, which is the person who helps you get the services you need.
- Get help from your HCBS case manager in learning about, applying for, accessing, and keeping services.
- A Person-Centered Plan of Care. Your Person-Centered Plan of Care identifies the supports and services that will help you to live in the setting of your choice.
- Choose who is on your Person-Centered Planning team. You may invite any family members or friends who you want to help you make decisions about your care.
- Direct your care plan, within program guidelines, and have your wishes heard.
- Have services completed as agreed upon in your Person-Centered Plan of Care.
- Receive authorized services on time.
- Get timely and adequate notice of decisions about your eligibility to receive services.
- Not to be categorically denied HCBS because of your: diagnosis, disability, care needs; forensic status or history; substance abuse history; co-occurring mental illness, intellectual or developmental disability, cognitive impairment, or brain injury.
- Choose or change your Qualified Service Provider (QSP), which is the person or organization that provides services to you.
- Not rely on unpaid family and friends to take care of you at home if you don't want to. If you are otherwise eligible for Home and Community-Based Services, living with family or friends shouldn't impact the services you're authorized to receive.
- If you are denied services, the denial must be based on an assessment that is individualized to you.
- Request reasonable modifications to existing programs and community-based services that will help you live in the community.
- Have confidentiality in the treatment of personal and medical records.
- Be treated with dignity and respect.
- Be treated fairly and without discrimination.
- Be free from abuse, neglect, and exploitation, where people take advantage of you to benefit themselves.
- Have your property treated with care.
- Be free from coercion and not be persuaded by force or threats to do something.

- Be free from restraints, except for the limited use of restraints in adult residential settings as described in NDCC 50-10.2-02(1).
- Be informed about the cost of services.
- Voice complaints and concerns.
- Obtain a second opinion from a neutral health care professional about whether you could receive community-based services and if so, what community-based services are necessary.
- Appeal denial, reduction, or termination of services to the appeals supervisor at ND Department of Human Services, Legal Advisory Unit, 600 E. Boulevard Ave., Dept. 325, Bismarck ND 58505
- Have assistance with filing a QSP complaint or filing an appeal on your HCBS services. If you need assistance requesting a hearing or submitting a complaint, contact your HCBS case manager or the HCBS case manager's supervisor to assist you.

You and/or your decision maker are responsible for

- **Contacting the HCBS case manager if:**
 - You move to a new location or change your phone number
 - Your service needs change (increase or decrease in needs)
 - You want to change providers
 - Services are not provided as agreed upon
- **Contacting the HCBS case manager and reporting true and complete information** about any changes in your finances that may affect your eligibility for the services you receive (the changes may be an increase or decrease in monthly income or assets or both).
- **Directing the care** provided by the qualified service providers as specified on "Authorization to Provide Services" form.
- **Being available** for an in-home visit by a HCBS case manager or a representative of the Department of Human Services.
- **Paying any cost-share** that you are required to contribute towards the services you receive.
- **Participating** in all care plan meetings with the HCBS case manager.

If you are uncomfortable reporting any problems/concerns to your HCBS case manager, please contact the state HCBS Office to assist you in addressing your concerns: (855) 462-5465 or (701) 328-4601.

It's the HCBS case manager's responsibility to:

- Respond to requests for information in a timely manner.
- Treat individuals with dignity and respect.
- Respect the privacy of confidential information.
- Treat individuals who are in similar situations equally.
- Allow each individual to direct his/her care plan, within program guidelines.
- Allow individuals to choose the qualified service provider to perform services.
- Report any suspected fraud, concealment, or misrepresentation of information, provided by individuals or legal representatives as it relates to eligibility for HCBS.

If you or another vulnerable adult are the subject of abuse, neglect, or exploitation:

- If you are in **immediate danger**, call 911

For non-emergency situations, reporting options are:

- Online at <https://bit.ly/3vbYbEj>
- Reporting Form, SFN 1607 <http://www.nd.gov/eforms/doc/sfn01607.pdf>
Email to: dhsvaps@nd.gov or Fax to: (701) 328-8744
- Phone if no computer or Internet accessibility
1-855-462-5465, option 2, available Monday thru Friday 8 a.m. - 5 p.m. Messages can be left after hours.

If You Suspect Fraud or Abuse, Report it to ND Medicaid:

- Complete the Suspected Fraud Referral (SFN 20) found at:
<https://www.nd.gov/eforms/Doc/sfn00020.pdf>
- Call (800) 755-2604 or (701) 328-4024
- Email medicaidfraud@nd.gov
- Write and send a letter:
Surveillance Utilization Review Administrator
c/o Medical Services Division
600 E Boulevard Ave, Dept 325
Bismarck ND 58505-0250
- Fax (701) 328-1544

Client's Name (please print): _____

Client's/Legal Representative's Signature: _____

HCBS Case Manager's Name: _____

HCBS Case Manager's Phone Number: _____

Date: _____

ND Department of Human Services
600 E Boulevard Ave, Dept. 325
Bismarck ND 58505-0250
(701) 328-2321 – (800) 755-2604 – TTY (701) 328-3480
www.nd.gov/humanservices