

# 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 fairly, with dignity and respect, free of discrimination and 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](mailto: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](mailto: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 Health and Human Services  
600 E Boulevard Ave, Dept. 325  
Bismarck ND 58505-0250  
(701) 328-2321, (800) 755-2604, 711 (TTY)  
[www.hhs.nd.gov](http://www.hhs.nd.gov)

**Adult Day Care:** A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis one or more days per week and encompasses both health and social services needed to insure the optimal functioning of the individual.

**Adult Foster Care:** Includes the provision of 24 hour room, board, supervision and possibly other care, to adults who are determined to be unable to function independently and may benefit from a family home environment. The care is provided in a licensed private home.

**Adult Residential Care:** Service provided in a facility in which at least five (5) unrelated adults reside, and in which personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety and security.

**Agency Foster Care:** Licensed home-like setting where Residential Habilitation or Community Support Services can be provided for up to 4 adults up to 24 hours a day.

**Case Management Service:** HCBS case management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services.

**Chore Service:** Tasks which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and the task must be the responsibility of the client and not the responsibility of the landlord. **Emergency response systems (ERS)** electronic device enabling the client to secure help in an emergency by activating the "help" button are also available under this service.

**Community Supports:** All-inclusive service for individuals who require daily support for up to 24 hours per day in their home or agency foster care setting. **Community Transition Services:** Assist eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care and assisted living) to a living arrangement in a private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses.

**Companionship:** Non-medical care, supervision and socialization activities that have a therapeutic component provided to an individual with physical disability.

**Environmental Modification:** Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home.

**Extended Personal Care Service:** Completion of tasks that are medical in nature and specific to the needs of an eligible individual. This service may include nursing care to the extent permitted by state law that will maintain the health and well-being of the individual and allow the individual to remain in the community.

**Family Personal Care/Family Home Care:** Assist individuals to remain with their family members or spouse in their own communities.

**Home Delivered Meals:** Provide a well-balanced meal to individuals who live alone and are unable to prepare an adequate meal for themselves, or who live with an individual who is unable or not available to prepare an adequate meal for the recipient.

**Homemaker Service:** Provision of non-personal (environmental) care tasks such as light duty housekeeping, laundry, meal planning and preparation and shopping that enables the individual to maintain independence.

**Non-Medical Transportation:** Transportation that enables individuals to access essential community resources/services such as grocery, pharmacy, banking, post office, laundromat, utility company and social security office, in order to maintain themselves in their home and community setting.

**Non-Medical Transportation Driver with Vehicle:** Driver with vehicle is considered as solely transporting the client. It is taking the client to and from his/her home and points of destination. **Non-Medical Transportation Escort:** is solely accompanying the client for the purpose of assisting in boarding and exiting as well as during transport in order that the client may complete the activity for which (non-medical) transportation is authorized.

**Personal Care Services:** Provision of services consisting of a range of human assistance, provided to an individual with disabilities or conditions, that will allow the individual to live as independently as possible while delaying or preventing the need for institutionalization. Assistance may be in the form of hands on assistance or cuing so that the individual can perform a task without direct assistance.

**Residential Habilitation:** Formalized training and up to 24 hour, daily support to individuals who could benefit from skills training, restoration or maintenance care in their home or an agency foster care setting.

**Respite Care:** Care to an eligible individual for a specified period of time for the purpose of providing temporary relief to the individual's primary caregiver from the stresses and demands associated with daily care or emergencies.

**Specialized Equipment and Supplies:** Specialized equipment and supplies to include devices, controls or appliances specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control or communicate with the environment in which they live.

**Supervision:** Up to 24 hours of supervision may be provided to eligible individuals who because of their disability need monitoring to assure their continued health and safety.

**Supported Employment Services:** Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision and training relating to the person's disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.

**Transitional Living Service:** Provision of training an individual to live with greater independence in the individual's home. This includes training, supervision or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living and mobility.