

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
WAIVER PARTICIPANT'S RIGHTS FORM

BRIDGES TO HEALTH (B2H) HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

NAME, (LAST, FIRST, MI.):

DATE OF BIRTH:

SEX:

Male Female

MEDICAID CIN #:

B2H WAIVER TYPE (Check one only)

- B2H Serious Emotional Disturbance (SED) Waiver
 B2H Developmental Disabilities (DD) Waiver
 B2H Medically Fragile (MedF) Waiver

Children enrolled in the B2H Medicaid Waiver Program have the right to:

- Be treated as individuals with consideration and respect.
- Be informed of, and supported in freely exercising, their fundamental Constitutional, Federal and State statutory rights.
- Receive training and support to exercise and maintain their own decision making authority.
- Be informed of and supported to freely exercise their Medicaid due process rights.
- Receive services without regard to race, color, creed, gender, national origin, sexual orientation, or disability.
- Have services provided that support their health and welfare.
- Assume reasonable risks and have the opportunity to learn from these experiences.
- Be provided with an explanation of all services available in the B2H Medicaid Waiver Program and other health and community resources that may be of benefit to them.
- Have the opportunity to assist in the development and modification of their Individualized Health Plans (IHPs) (OCFS-8017).
- Be informed of the name and duties of any person providing services under the IHP.
- Choose to receive B2H Medicaid Waiver Services from different agencies or different providers within the same agency without jeopardizing participation in the B2H Medicaid Waiver Program.
- Work with the Health Care Integrator (HCI) to request changes in services under the IHP.
- Have input into when and how B2H Medicaid Waiver Services will be provided.
- Receive services from approved, qualified individuals and agencies.
- Receive a Contact Information List (OCFS-8027), with the name and phone number of: the HCI and the HCI's Supervisor; the Waiver Service Provider (WSP), WSP's supervisor; the Local Department of Social Services (LDSS) or Division of Juvenile Justice and Opportunities for Youth (DJJOY) contact and the LDSS or DJJOY supervisor; the Office of Children and Family Services (OCFS) Quality Management Specialist (QMS); the OCFS Bureau of Waiver Management (BWM) Consultation Line; the NYS Department of Health Medicaid Health Line; and the OCFS Statewide Central Register, from the HCI.
- Refuse services after being fully informed of and understanding the consequences of such actions.
- Have their 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.
- Submit grievances/complaints about any violation of rights or any concerns regarding services provided, without jeopardizing participation in the B2H Medicaid Waiver Program.
- Receive support and direction from the HCI to resolve concerns or complaints about services and service providers.
- Receive additional support and direction from the LDSS or OCFS DJJOY and the OCFS BWM, in the event that the HCI is not successful in resolving concerns and complaints about the services and service providers.
- Have grievances/complaints addressed in a timely fashion, and be informed of the resolution.
- Have service providers protect and promote their ability to exercise all rights identified in the B2H Waiver Program Manual and approved Federal Waiver Applications.
- Have all rights and responsibilities outlined in the B2H Waiver Program Manual forwarded to any entity or legal guardian authorized to act on their behalf.

The rights of the B2H waiver participants have been explained to me, I have been afforded the opportunity to have my questions answered and I have been given a copy of this document.

MEDICAL CONSENTER NAME:

MEDICAL CONSENTER SIGNATURE:

DATE:

X

HCIA REPRESENTATIVE NAME:

HCIA REPRESENTATIVE SIGNATURE:

DATE:

X

HCIA NAME: