New York State Office of Mental Health
Division of Children and Families Services'

Home and Community Based Services Waiver

*You have **Rights** and **Responsibilities:** know exactly what they are. . .*

*As someone who is receiving HCBS Waiver Services, you have some **Rights and Responsibilities**:*

YOU HAVE THE RIGHT TO:

- Be safe
- Be treated with respect
- Have your service options explained to you in a way you understand
- Express your personal desires
- Privacy
- Be free of physical and mental abuse
- Speak up and complain if you don't like something without consequences
- Be informed if there are changes that affect you
- Appeal a decision about your service options.

YOU ARE RESPONSIBLE FOR:

- Being actively involved in developing, implementing and evaluating your Individual Service Plan
- Letting your Care Coordinator know if your situation changes (e.g. you moved, your support needs change)
- Respecting others, as you want to be respected.

*It all starts with **your voice** and making sure that voice is heard in your individualized Service Plan.*

You can help ensure that you have good quality supports and services by making sure your **Service Plan** includes all the ideas and components of a good quality plan that are described below:

YOUR PARTICIPATION IN THE PLAN

A good quality Service Plan will identify all the supports you need to ensure that you can be an active, effective participant in the planning process. This is important so that over time you can improve your ability to communicate your needs and wants and increase your ability to make sure your individual Service Planning meetings happen the way you want them to happen.

SECTION 1: STRENGTHS/ NEEDS INFORMATION

This section of the Service Plan describes who you, the Waiver Participant, are and what is most important to you. Examples of information that can be included in the profile section of a plan are things like: important information about your past; your accomplishments, strengths, and preferences; descriptions of your typical day, school, work and hobbies; important relationships; health and wellness information; information about choice and decision-making skills; financial information; and any other information that will help us to better meet your needs. This section of the plan should be very thorough, so that people will understand what is most important to know about you.

SECTION 2: CANS-NY INFORMATION

The Child and Adolescent Needs and Strengths – New York is the assessment section of the Service Plan which includes current assessment information and identifies additional assessments needed to help you attain what you want to achieve. A good assessment report provides detailed information about your needs and how to address those needs in a way that helps you understand how implementation of the recommendations in the report will help you move closer toward attaining your dreams. Good assessments are timely, thorough, easy to understand, and are shared and explained to you prior to your planning meeting. The assessment section of the individual plan includes a health and safety screening. Your Care Coordinator can provide you with a copy of this tool.

SECTION 4: NEEDS/ CONCERNS BY THE CHILD &FAMILY

Section 4 includes a description about what has been identified as your most immediate needs and those that might be addressed down the road. This section of the plan helps others to learn about what you need to accomplish on your path to wellness and will help you to prioritize what you want to accomplish while with the Waiver Program. To help you create a vision of the future that meets your hopes, your team members should have high expectations for you and should help you to have new experiences, take reasonable risks, and learn about new opportunities.

SECTION 5: DISCHARGE READINESS

A quality action plan includes information about what you want to achieve; it identifies needs to be addressed; it provides a list of the action steps that need to be taken to address identified needs and to achieve your desired outcomes or goals; it lists the persons responsible for taking the actions identified; and it tells when the action will be completed. Quality planning encourages creative thinking and allows ample time for brainstorming. Quality Service Plans also make sure that the actions taken on your behalf balance what is important to you (desired outcomes) and what is important for you (addressing areas of need). Quality plans also include actions that you volunteer to take responsibility for. This will help you to feel ownership and equality in the planning process. These actions are intended to prepare you for a successful discharge from Waiver. Understanding what you want and how to get there will best inform you and your team on how you will know when you're ready to leave Waiver.

SUMMARY OF INDIVIDUALS/AGENCIES WHO WILL PROVIDE SUPPORT

This section of the Service Plan lists each type of service identified in your plan, including waiver services. For each service listed, it also identifies who provides the support or service, the amount (hours) of service provided, and how often the service is provided. A quality plan makes a clear connection about how the provision of a waiver service will help you to address your goals or needs.

SUMMARY OF MONITORING AND EVALUATION OF PLAN

This part of the Service Plan describes what team members will do to ensure that the action plan is being implemented as designed and that progress is being made toward meeting your needs and achieving your goals. It also includes a clear description of how often your Care Coordinator will contact you about the individual plan.

PLAN DEVELOPMENT AND APPROVAL

Attendance at the planning team meeting must be documented in your plan. The Service Plan must note the names of the people who attended the meeting, the relationship of these individuals to you, and whether you approve the plan. It is not necessary for everyone attending the meeting to approve the plan. However, a quality plan will note when a team member disagrees with decisions that have been made. The plan will also list the actions that will be taken to work toward team agreement. There are times when people who could not attend the meeting will want to review then plan. This may also be noted on this form.

INDIVIDUAL, FAMILY, GUARDIAN, OR ADVOCATE INVOLVEMENT IN THE PLAN

OMH wants you, your family members, and guardians to be active members of your individual planning process. Successful plans tell what your team members did to assist you to actively participate and what changes are needed so that your participation is even better in the future. If you do not have very many people involved in your planning process, your plan should also identify ways that you can meet and form relationships with new people who at some point may want to be involved in your planning process.

PERIODIC REVIEW OF THE PLAN

How often a plan needs to be reviewed depends upon the type of services that are being provided to you. If you have a lot of change happening in your life (for example, moving to a new community, serious health problems, or after the loss of an important person in your life), you may need to have your plan reviewed more often than every three months. Quality plans are reviewed as often as you and your planning team members feel necessary.

PLAN FOLLOW-UP

Your Care Coordinator is responsible for making sure that everyone follows-up with what they are supposed to do in the methods section of your plan. Follow-up of individual plans can also include activities such as making referrals for services or for additional assessments, reviewing action plan implementation, doing quality checks, and revising the plan as needed. Implementation of quality plans means doing “whatever it takes,” to help your team make sure your needs are addressed.

Some important Policies and Procedures that directly impact waiver services that you should know about include the following:

INCIDENT REPORTING

This process requires that you or your support staff report information to your Care Coordinator about the following incidents if they happen when staff are with you: severe injuries or death, unexpected hospitalizations, if you are lost or missing and the police have been notified, if a fire started and needed to be put out by the fire department, if you are arrested, if you are a victim of theft or a physical assault, if you are involved in an accident and have a moderate or severe injury. OMH will use information about critical incidents to make sure that whatever happened has been taken care of as best as possible, and to see if there are things OMH could do to prevent new incidents in the future. Agencies also must report incidents to OMH if they occur while at a day, employment or residential setting.

FAIR HEARING RIGHTS

Everyone who is enrolled in a waiver or wants to enroll in one has the right to appeal decisions Local Government Unit (LGU) or Agencies make. That is called, Fair Hearing Rights. OMH will send you official notice if a service is denied or reduced by the Central Office and it will include a form to ask for an appeal. The OTDA will hold the hearing and make the final decision. DOH is the Medicaid agency for New York.

You should know about some other processes and paperwork documentation requirements. Application of these will vary depending upon the types of services you select and the methods for managing them.

Acronyms

CANS- NY	Child and Adolescent Needs and Strengths – New York
DOH	The Department of Health
LGU	Local Government Unit
ODTA	Office Disability and Temporary Assistance
OMH	The Office of Mental Health