

Office of Long-Term Living
Participant
Information
Packet

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**Please Note: This packet is available in alternate format by calling
your service coordinator.**

Your Rights as a Participant

As a participant of services, you have specific rights. They are:

Civil and Personal Rights

- The right to be treated with dignity and respect;
- The right to be free from threats and intentional injury;
- The right not to be discriminated against based on race, ethnicity, creed, national origin, religion, gender, gender identity, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment;
- The right not to be filmed, taped, or photographed without your consent; and
- The right to have information provided in a language or method you understand.

Rights About Applying for Services

- The right to have personal, medical, and financial information held confidential and private unless otherwise specified by law;
- The right to be informed about programs for which you may be eligible;
- The right to oral and written notice about eligibility, including the reasons for the decision and description of appeal rights from the Department of Human Services' fair hearing procedures;
- The right to oral and written notice of the outcome of an eligibility interview - and the reasons for a decision - if it results in a change in services (for example, increased, decreased, or terminated services);
- The right to have an initial eligibility determination within 90 days of application; and
- The right to have a functional and financial eligibility screening for publicly funded long-term care services and the right to be told of the outcome of the screening.

Rights About the Process Used to Determine Your Services

- The right to accurate, unbiased information and assistance;
- The right to accept or refuse any information, referrals, or services if you are your own legal decision maker;
- The right to have an in-home interview within seven working days after a request for services is made;
- The right to choose a service coordination agency and service coordinator;

Your Rights as a Participant (continued)

- The right to be involved in developing your individual service plan, and to receive a copy of your individual service plan;
- The right to include friends, family or others of your choosing to be included in your service planning activities, decision-making, and service delivery; and
- The right to request the involvement of a Registered Nurse in the service planning process.

Rights About Getting Services

- The right to choose a provider (or, at your request, to have a provider chosen for you). You are not required - nor can you be forced - to use a specific provider or to use one provider for all services;
- The right to ask for a change of provider, for any reason, at any time, through your service coordinator;
- The right to see your personal record and to ask that it be changed; and
- The right to an alternative accessible format, including cognitively accessible formats, and/or reasonable accommodations when seeking assistance from the Service Coordination Entity. (Such modifications may include, but not be limited to, interpreters – including American Sign Language, taped material, and adaptive devices/technology.)

Right to File A Complaint

- The right to file a complaint about your services with either your service coordinator or with the Office of Long-Term Living.

Your Right to Appeal – Timely Access to Formal Hearings

- The right to appeal the denial, termination, suspension, or reduction of services, or to challenge eligibility determinations for Medicaid Waiver services or state-funded programs, or to request a hearing in accordance with the procedures set forth under Title 55, Chapter 275 of the Pennsylvania Code (relating to appeal and fair hearing);
- The right to timely access to a formal administrative hearing as required by Medicaid rules; and
- The right of not having to file a complaint within the Office of Long-Term Living before filing an appeal.

Your Responsibilities as a Participant

*There are specific responsibilities you must meet when you apply for or get services provided through the Office of Long-Term Living. **If you do not meet these responsibilities, you may lose your services.** Your responsibilities include:*

- To treat service coordinators and direct care workers, providers, and others with respect and dignity;
- To not act in ways that puts you or others at risk – if you put your health and welfare or the health and welfare of others at risk, you may lose your services;
- To give accurate and timely information to your service coordinator to help in the eligibility determination process and service plan development;
- To provide information about other services you have in place that are paid for by other programs, such as Medicare or private insurance;
- To use informal supports, including your family, friends, neighbors, or other support system to help you whenever possible;
- To be active in making decisions and looking for and picking resources that best meet your needs;
- To follow program rules- failure to do so may result in loss of services;
- To tell your service provider when you are unable to keep scheduled appointments, or when you will be hospitalized or away from home for a significant period of time;
- To give documents when asked, in order to continue to get services;
- Under penalty of law, to be truthful, accurate, and complete when giving information needed to determine eligibility as included on program forms;
- To allow all on-site face-to-face monitoring visits by the service coordinator;
- To submit accurate time sheets and to report potential fraud and abuse; and
- To have an individualized back-up plan for times when your direct care worker is not available.

To Determine Financial Eligibility, Your Responsibilities include:

- To tell the County Assistance Office and your service coordinator of any private health insurance or Medicare coverage you have. (You must use private insurance to pay your medical bills before these expenses are charged to a state or Medicaid program. You must also let the county know when you are no longer covered under private insurance.);

Your Responsibilities as a Participant (continued)

- To tell the County Assistance Office when there are changes in your medical costs. (For example, these changes might include when your condition changes, the cost of your prescription drugs has gone down or when there is no longer a need to pay for therapy because private insurance has begun to pay for it.);
- To tell the County Assistance Office if you give assets to another person (including but not limited to money, property, monetary gifts, etc.). This may affect your eligibility for Medicaid waiver programs;
- To report to the County Assistance Office changes in finances, which may affect your eligibility or the amount of benefits or services you receive. Check with your local County Assistance Office for details. (These changes might include an increase or decrease in your income or a change in the amount of assets you have; it might also include receiving an inheritance.);
- To report to the County Assistance Office changes in household circumstances, which might affect your eligibility for the amount of benefits or services that you receive. (These changes may include when any of your children reach 18 years of age, when someone moves in or out of the household, marital status, or when you or any other household occupant becomes pregnant or has a baby.); and
- To report to your service coordinator and the County Assistance Office a change in address, contact information, and any other pertinent information that may affect eligibility or service delivery.

Participant Choice

Do I Have a Choice of How I Get Services and Where I Get Them From?

- Yes, you have the right to choose how and where you will get services. You may choose to either receive services in your home, under the Living Independence For the Elderly program (if eligible and it is available in your area) or in a nursing facility.
- If you decide to get services in your home, you will first choose a Service Coordination Entity who will provide you with a service coordinator. You will work with your service coordinator to make decisions about who will provide those services to you.
- You may choose your provider from a list of agencies that are qualified to provide your services. You may choose a personal representative who may speak for you. If you do, the person's name must be on file at the Service Coordination Entity, and that person may speak on your behalf.
- You may also choose to "self-direct" your services by selecting the Participant Directed Services model. If you decide on Participant Directed Services, you or your designated representative are the employer of your direct care workers and are responsible to hire, train, and supervise your own workers.
- Your service coordinator will give you a Service Provider Choice Form. The form includes more information about the right to choose your own providers and the right to self-direct.

Do I Have to Use a Provider that my Service Coordinator Suggests?

- No, you do not have to use a provider that your service coordinator suggests.
- You have the ability to choose from a complete list of qualified agencies to provide your services.
- You also have the ability to self-direct your services.

Can I Choose Any Provider?

- You can choose from a list of agencies that are qualified to perform the services you have listed on your Individual Service Plan.
- If you choose to self-direct, you or your designated representative are responsible for hiring, training, and supervising the direct care worker(s) you have hired to provide your services.

Can I Choose Any Service?

- You can choose services available in your program based on your assessed needs as identified in your Individual Service Plan.

Participant Choice (continued)

Who Do I Contact if I'm Being Denied a Choice of Providers?

- You should first contact your service coordinator to share your concerns.
- If you are not satisfied after talking to your service coordinator, contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042, between 8:00 a.m. and 4:30 p.m., Monday through Friday.

Applying for Home and Community-Based Services Programs

Pennsylvania's Office of Long-Term Living has several programs to help people with disabilities to stay in their home and community. The programs available vary depending on age, physical disability, and other factors.

The Pennsylvania Independent Enrollment Broker provides application services for adults with physical disabilities applying for Attendant Care, COMMCARE, Independence, OBRA, and the Act 150 Attendant Care Program, as well as for people over age 60 applying for the Aging Waiver.

PROCESS

There is a step-by-step process to help the Office of Long Term Living decide if someone is to get services from one of the above programs. Applying for services can take up to 90 days.

As you or your family member move through the process, please remember that the Pennsylvania Independent Enrollment Broker is available to help you get through this process as quickly as possible so that you can begin to get services if you are found eligible.

There are four separate steps in the process:

1. An assessor visits you in your home and completes a level of care determination.
2. Your personal physician completes a physician certification form.
3. The Independent Enrollment Broker meets with you in your home (and family members if you wish them to be present) and completes a needs assessment.
4. The County Assistance Office completes the financial eligibility determination.

If you have questions about the home and community-based services application process, please contact the Independent Enrollment Broker. The application process begins with a telephone call to the Pennsylvania Independent Enrollment Broker at 1-877-550-4227.

The Role of the Service Coordinator

The service coordinator in Home and Community-Based Services Programs plays an important role in assuring that you are able to get the services and supports that meet your assessed needs. You will choose a Service Coordination Entity when you become eligible for services.

The information below explains service coordination and what you can expect as you begin services. If you have questions about service coordination, you may discuss it with your service coordinator, or contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042, between 8:00 a.m. and 4:30 p.m., Monday through Friday.

Service Coordinator Purpose

The service coordinator works with you to identify, coordinate, and access all necessary services.

Service Coordinators do the following to assure the quality of home and community-based programs:

Evaluation: Conduct an accurate re-evaluation every year of your strengths, needs, preferences, supports, desired outcomes, and program eligibility.

Service Plan Development: Work with you and others you wish to include to design an individual service plan that assists you to meet your goals.

Model of Service: Work with you to determine the model of service that works best for you such as Agency Model, Participant-Directed Services Model, or Services My Way.

Referral: Provide information to help you choose qualified providers and make arrangements to assure providers follow the individual service plan.

Monitoring: Ensure that you get authorized services and that these services meet your identified needs and goals.

Problem Solving: Support you in solving problems when something goes wrong as well as help prevent potential problems.

The Role of the Service Coordinator (continued)

What you can expect after being determined eligible for services:

- The Independent Enrollment Broker must offer you a choice of which agency you want to provide your service coordination.
- After you have chosen a Service Coordination Entity, your service coordinator will work with you to develop a service plan to identify what you need and discuss with you the best ways to meet those needs.
- In order to meet the needs identified on your service plan, your service coordinator will provide you with choices of service providers and choices about how you want to get your services.
- Your Service Coordinator must offer you a choice of which provider agency you want to provide your services.
- Your Service Coordinator will check in with you by phone and in person at least four times a year to ensure that your services are being provided as written in your service plan and to make sure that you still need the services, or if your service needs have changed. Two of these contacts must be face to face.
- You may change your Service Coordination Entity and/or your service providers at any time by telling your service coordinator. You have a choice of Service Coordination Entities and a choice of service providers.

Participant Complaints

How do I get help when I have a complaint or a concern regarding my services?

Your service coordinator is responsible for coordinating the services you get in the community and must have a process in place to address your concerns and problems with your services. When you have a complaint or a concern about your services, you should first talk to your service coordinator.

If your problem is not solved, you should contact the agency that is providing the service to you and speak with a supervisor or manager.

The Office of Long-Term Living is also available to help you when you are unable to solve your problems through your service coordinator and/or provider or when your concern relates to your service coordinator. Assuring quality of services and your safety is our priority. A toll-free helpline is available and staffed by trained individuals to listen to your concerns and help. Call the Office of Long Term Living Participant Helpline at 1-800-757-5042 for assistance. (Hours of operation are 8:00 a.m. to 4:30 p.m. Monday through Friday.)

You may also file complaints by fax and mail utilizing the following information:

Commonwealth of Pennsylvania Office of Long-Term Living
Bureau of Participant Operations
555 Walnut Street, 6th Floor PO Box 8025
Harrisburg, PA 17105-8025

Fax: 717-346-4142

After your complaint is received, Office of Long Term Living staff will conduct an investigation and will get back to you with more information.

If you have additional questions regarding long-term living services, you may also call the toll-free Link to Aging and Disability Resources number at 1-800-753-8827. Counselors will be able to provide information and refer you to local agencies that can provide assistance with planning and arranging long-term services and supports in your community.

How Can I Find Other Resources In My Community?

PENNSYLVANIA LINK TO AGING AND DISABILITY RESOURCES

Aging and Disability Resource Centers (ADRC) are a nationwide effort to take a seamless approach in the way we assist seniors and adults with disabilities who need help with activities of daily living. The Aging and Disability Resource Centers in Pennsylvania is known as the Link.

HOW CAN THE LINK ASSIST YOU AND/OR YOUR FAMILY?

- Easily connect you to local services/supports through any Link partner agency
- Explore existing options to ensure a secure plan for independence
- Assist consumers with applications, including the Medicaid application, to determine funding eligibility
- Help consumers remain or return to their community because of a disability, an illness or accident, or to transition from an institution back to the community

There is no charge for information and assistance provided by any Link or Link partner agency.

PA LINK TO AGING AND DISABILITY RESOURCE CENTER TOLL FREE HELPLINE: 1-800-753-8827

Medicaid Fraud and Abuse

What Is Medicaid Fraud and Abuse?

Under 55 Code §1101.73 of the Pennsylvania Code (relating to provider misutilization and abuse), a provider may not bill “for services that are inconsistent with Medicaid regulations, unnecessary, inappropriate to patients’ health needs or contrary to customary standards of practice.” This includes:

- Providers submitting claims for services they didn’t provide;
- Providers altering claims to get higher payments;
- Using another person’s Medicare/Medicaid card to obtain medical care;
- Signing a direct care worker’s time sheet for hours of care not provided;
- Providers requiring services that are unnecessary to meet your needs.

What does fraud and abuse have to do with me?

- Fraud and Abuse is illegal and you can be terminated from your program for not reporting it. If you do not report fraud and abuse, you are part of the problem.

How do I Spot and Report Fraud?

- Participant Directed – If you are using participant direction, including the Services My Way model, you have a responsibility to turn in accurate time sheets which correctly show the services provided to you. You are also responsible for making sure that the services you receive are identified in your service plan.
- Agency Model – You are responsible for working with your provider agency to tell them about problems or inconsistencies with your direct care worker. This includes if the worker is not providing the services that are on your service plan or does not work all of the hours they are supposed to. If a provider asks a participant to sign time sheets prior to services being provided, it is Medicaid Fraud.

What are some Examples of Medicaid Fraud and Abuse?

- A direct care worker billed and received payment for hours of assistance to an individual needing assistance while the direct care worker was on duty at another job.
- A direct care worker was supposed to provide 4 hours of service but left after working 2 hours. The participant was told not to say anything.
- A direct care worker was supposed to provide 4 hours of service but worked 2 hours and watched tv for 2 hours.

Medicaid Fraud and Abuse (continued)

- You receive personal assistance services and direct your worker to move furniture to your daughter's house (services are for you, not others).
- You are aware that a provider is billing for program services while you are in the hospital and you do not report it.

Four Tips for Fighting Medicaid Fraud and Abuse

- Have good communication with your service coordinator – if you suspect provider fraud, you need to report it to the provider and/or your service coordinator.
- Understand and be actively involved in the development of your individual service plan so you can know when a service is not being provided.
- Have the appropriate phone numbers available to report suspected Medicaid Fraud and Abuse.
- Never give out your Medicaid, Medicare or Social Security number.

What do I do if I Suspect Medicaid Fraud and Abuse?

- If you suspect fraud and abuse and you know the provider, you may want to call their office to ask about it. The person you speak to may help you better understand the services or supplies you got. Or, your provider may realize a billing error was made.
- However, if you have contacted the provider and you suspect that Medicaid is being charged for a service or supply you did not get:
 - First, report your suspicions to your service coordinator.
 - Contact the Department of Human Services, Bureau of Program Integrity's Medicaid Fraud and Abuse Hotline at 1-866-379-8477.
 - Contact the Office of Long Term Living's Participant Helpline at 1-800-757-5042.
- The Pennsylvania Senior Medicare Patrol can also help with concerns about fraud and abuse in Medicaid and Medicare. Help is free and confidential. Contact 1-800-356-3606 Monday through Friday from 9 a.m. - 5 p.m.

Can I lose my services if I make a report?

- No, a provider cannot terminate a participant because a participant reports suspected fraud or abuse.

Who Do I Contact If...

I have a complaint about my services?

- You should first contact your service coordinator to share your concerns.
- If you are not satisfied after talking to your service coordinator, contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042. (Hours of operation are 8:00 a.m. to 4:30 p.m., Monday through Friday.)

I think I need more hours of service than I am getting?

- You should first contact your service coordinator to share your concerns.
- If you are not satisfied after talking to your service coordinator, contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042.

My worker is asking me to let him/her fill out his/her own time sheets?

- Call the Office of Long Term Living Participant Helpline at 1-800-757-5042.

My worker is usually late or leaves early?

- If your direct care worker is employed by an agency, you need to report this to the agency or to your service coordinator.
- If you have hired your own direct care worker through the participant-directed model of services, you need to discuss this with your worker and make sure that you sign your worker's time sheets accurately and truthfully. If the worker's lateness continues, or if you no longer desire for that worker to provide services you have the option of firing the worker and hiring a different worker.

I am not getting the services that are in my service plan?

- Contact your service coordinator.

I am being bullied or intimidated by my direct care worker?

- Contact your service coordinator.
- If the situation is not resolved, contact Office of Long Term Living Participant Helpline at 1-800-757-5042.

I am being abused by my direct care worker?

- Call the Protective Services hotline at 1-800-490-8505.
- Contact your service coordinator.
- In extreme circumstances call 911.

I am being told I am not eligible for services?

- Contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042.

Who Do I Contact If... (continued)

I am being told that I must pay a co-pay for my services?

- Contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042.

I do not know what services are available to me?

- Contact your service coordinator.

I want to hire my own direct care worker but my service coordinator says that I am not allowed to?

- Contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042.

I do not know how to contact my service coordinator?

- Contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042.

I have begun but not finished the enrollment process?

- Contact the Pennsylvania Independent Enrollment Broker at 1-877-550-4227.
- If the Pennsylvania Independent Enrollment Broker cannot help, contact the Office of Long-Term Living Participant Helpline at 1-800-757-5042.

Participant-Directed Services

What are Participant-Directed Services?

Participant-Directed services let you take more control of your services and give you the power to manage your own workers. If you decide to self-direct, you are the employer of your direct care workers. Office of Long-Term Living Participant-Directed Services are offered in two ways, the Employer Authority and Budget Authority.

Employer Authority

In the Employer Authority, you are the employer of your direct care workers. You may hire a friend, neighbor, or other trusted individual to be your worker. An agency helps you to issue paychecks and file taxes. As the employer, you are responsible for:

- Recruiting and hiring your worker(s);
- Deciding your worker's hourly rate, within a set range;
- Training your worker(s);
- Determining your worker's job duties and schedule based on your service plan;
- Supervising your worker(s) and approving his/her timesheets;
- Reviewing your worker's performance; and
- Firing your worker, when necessary.

Budget Authority

Services My Way or Budget Authority is available in the Aging and Attendant Care Waivers. Similar to the Employer Authority, you are the employer of your direct care worker(s). Services My Way, or Budget Authority, also allows you to design your own budget to purchase goods and services based on your service plan. This can include goods and services that are not usually available through the Aging or Attendant Care Waivers. In Services My Way, or Budget Authority, you get to choose how much to pay your worker(s) based on your budget.

How are Participant-Directed Services Different from Agency Model Services?

The Agency Model of service is available for participants that do not wish to self-direct their services. In the Agency Model, you would select a provider from an approved list of agencies to provide your services. The provider that you select recruits, hires, and manages your direct care worker(s). You may also decide to choose a combination of Participant-Directed services and Agency Model services depending on your needs. Regardless of the model you choose, your service coordinator will help you to follow your service plan.

Participant-Directed Services (continued)

Am I Eligible for Participant-Directed Services?

To use Participant-Directed services, you must be willing to:

- Accept the risks, rights and responsibilities of self-direction;
- Accept the responsibilities as an employer.

Your service coordinator can provide additional information and guidance regarding the various models. Selecting a model of service is a personal decision that is up to you.

Your Appeal and Fair Hearing Rights

While you are getting home and community-based services, it is important that you read all notices (letters) sent to you about your services. The notices will have important information about the appeal and fair hearing process.

What is an appeal?

An appeal is asking an impartial person to review decisions about your case when you do not agree with those decisions. If you are unhappy with certain decisions about your services, you have the right to appeal. If you appeal, a fair hearing will be scheduled for you. In a fair hearing, the Department of Human Services (DHS), Bureau of Hearings and Appeals, makes a decision after listening to both sides of the appeal.

What can I appeal?

- Services being denied, suspended, reduced, or terminated.
- Not being offered a choice of willing and enrolled providers.
- Denied eligibility for home and community-based services as an alternative to institutional care.
- For Act 150 services, you can appeal the computation of a fee amount, but not the fee itself.
- *PLEASE NOTE:* An appeal hearing will not be granted if the reason for the action in your case is a State or Federal law or regulation that causes a change in your services or program.

What steps do I take in order to appeal?

- When a decision is made to deny, suspend, reduce, or terminate your services, you will get a notice about this decision.
- You or someone acting on your behalf must fill out and sign the form on the back of the notice. If you need help filling out the form, contact your service coordinator, County Assistance Office or enrolling agency for assistance. The notice that is sent to you will have directions on where to send your appeal request.
- You can also write or call your service coordinator, County Assistance Office or an enrolling agency to make an appeal request if assistance is needed. The agency will then send you the appeal request form for your signature.

What if I did not get a notice and I want to appeal a decision?

- You can write or call your service coordinator, County Assistance Office, or an enrolling agency to make an appeal request if assistance is needed. The agency will then send you the appeal request form for your signature.

Your Appeal and Fair Hearing Rights (continued)

How long do I have to appeal?

- You have **30 days from the date of the notice** to send your request for an appeal.

If I am already getting services and I file an appeal, what happens to my services during the appeal process?

- If you get a notice that your services are being reduced, terminated, or suspended, your services will stay in place at the current level until a final decision is made if you file an appeal request **within 10 days of the date of the notice**. Your appeal will still be considered if it is filed more than 10 days after the notice as long as it is filed within 30 days from the date of the notice. However, your services will be reduced, terminated, or suspended as written in the notice pending the outcome of your appeal.
- If you are appealing because you asked for an increase in services and the increase was denied, your services will continue at the current level until a final hearing decision is made.

What happens after I appeal/ask for a fair hearing?

- Your service coordinator or County Assistance Office will send your request to the Bureau of Hearings and Appeals. You will get written notice from the Bureau when the hearing will be held.
- At the hearing, you may represent yourself, have an attorney to represent you, or have a relative, friend, or other person to represent you.
- Your service coordinator or staff at the County Assistance Office or the Area Agency on Aging can refer you to agencies that may be able to provide free legal help upon request.
- You may choose to talk about your appeal with your service coordinator before the hearing to possibly resolve your concerns without a hearing. If you are still not satisfied, you can go ahead with the hearing.
- If you decide to go ahead with the hearing, you will get a written decision from the Bureau of Hearings and Appeals after the hearing is held.

What if I am not satisfied with the outcome of my appeal?

- If you do not agree with the decision, you have **15 days from the date of the hearing decision notice** to ask for reconsideration (a review of the decision) by the Secretary of Human Services. The written decision will explain how to ask for a reconsideration of the decision.
- In most cases, you also have the right to appeal the hearing decision in the Commonwealth Court of Pennsylvania.

ACT 150

If you are a participant in the Act 150 Program, you have the following responsibilities related to the sliding fee scale (Note: waiver participants are not required to pay any fees or co-pays):

- To pay weekly fees for services based upon the established sliding fee scale. The sliding fee scale is updated annually.
- To provide all necessary financial information on income, household size and appropriate deductible expenses at the time that the initial service plan is being developed and in subsequent reevaluations. Depending on your individual circumstances, the sliding fee scale will be reviewed with you at least annually or possibly more frequently.
- To notify the service coordinator or service coordination entity when your personal circumstances change which may result in a reevaluation of the fees to be applied for you.
- Changes in personal circumstances such as your income amount, your deductible amount or a change in the size of your family must be reported to your service coordinator or the service coordination entity that they work for.
- Failure on your part to make a timely notification of such changes could result in a later recalculation of fees and will require you to pay the fees retroactive to the point in time when your circumstances changed.
- Failure to pay any back fees owed will result in the termination of your services through the Act 150 Program.
- To work with your service coordinator in completing an annual Fee Determination/Redetermination Form. This form will be used in calculating the fees to be assessed to you.
- To review and sign a form agreeing to the payment of the fees as established within that form.

If you are a participant in the Act 150 Program, you have the following rights related to the sliding fee scale:

- To talk with your service coordinator should you have any questions about the fees in the Act 150 Program.
- To appeal the calculation of the fee if you disagree with how the fee was computed, but not the actual payment of fees.

Abuse, Neglect and Exploitation

You have the right to be free of abuse, neglect, and exploitation. Your health and welfare, no matter which services you receive, must be protected under federal and state law. Below are examples of how to identify abuse, neglect, and exploitation.

ABUSE

Abuse means when someone brings injury, restriction, intimidation, punishment, mental suffering, sexual abuse, or exploitation to you. It is an act that takes away your rights or dignity, or may cause or causes actual physical injury or emotional harm.

Here are some of the most frequent types of abuse:

Physical abuse - An act by a person that may cause physical injury (including physical and chemical restraints).

Some examples: Bruises, broken bones, or burn marks caused by your spouse or others; being tied to a wheelchair by your caregiver; or feeling overly drowsy or unresponsive when the wrong dose of medications is intentionally given to you.

Psychological abuse - An act, other than verbal, that may cause emotional harm, create fear and/or embarrass or intimidate you.

Some examples: A caregiver or personal care worker keeps you isolated from friends and family; a caregiver takes something important away from you.

Sexual abuse - An act or attempted act such as rape, incest, sexual exploitation, or sexual harassment and/or inappropriate or unwanted touching.

Some examples: You are raped; your neighbor touches you inappropriately; your direct care worker tells you they will quit unless you have sex with them.

Verbal abuse - An act using words to threaten, harass, intimidate, or embarrass you.

Some examples: Your service provider swears at you and calls you names when you do not do things how he/she wants them done; your sibling constantly mocks you to the point of tears; your spouse threatens to hurt you or put you in a nursing facility.

Other Types of Abuse - Abuse can also include intentional service interruption and failure to provide medications as prescribed by your physician, if those actions place your health or welfare at risk.

Abuse, Neglect and Exploitation (continued)

NEGLECT

Neglect means someone has failed to provide you with reasonable care, such as food, clothing, shelter, medical care, personal hygiene, and protection from harm.

Some examples: You have bedsores because your caregiver does not turn you; you are dehydrated because you are not given water when you need it; you are hungry because your companion does not feed you; you have serious health problems because your wife will not take you to the doctor; you have continuous soiled or wet bedding because your direct care worker will not do your laundry.

EXPLOITATION

Exploitation is when someone deprives, defrauds or otherwise takes your money or personal property in an unfair or cruel way, against your will, or without your consent or knowledge for his or her own benefit.

Some examples: You notice that money is missing after your direct care worker leaves; a caregiver takes your jewelry; or a family member or neighbor pressures you to change your will or place them as a co-signer on your bank accounts.

If any of the above happens to you, be sure to call and talk with someone listed below!

ABUSE, NEGLECT AND EXPLOITATION ARE AGAINST THE LAW!

What do you do if you suspect that you are being abused?

If you are UNDER 60:

- Call 911 if your life is in danger
- Contact Adult Protective Services at 1-800-490-8505
- Call your service coordinator

If you are OVER 60:

- Call 911 if your life is in danger
- Call the elder abuse hotline at 1-800-490-8505
- Call your local Area Agency on Aging
- Call your service coordinator