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DEPARTMENT OF PUBLIC WELFARE
OFFICE OF LONG TERM LIVING

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, national origin, religion, gender, 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;**
- **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 Public Welfare's fair hearing procedures;**
- **The right to oral and written notice of the outcome of an eligibility interview - and the reasons for the 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;**
- **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 (SC);**
- **The right to be involved in developing your 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;**
- **The right to request the involvement of a Registered Nurse (RN) in the service planning process.**

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Your Rights As A Participant (continued)

Rights About Getting Services

- The right to have input on the services you get based on an individual service plan, described in writing that includes the supports, services, and resources needed to meet your goals;
- 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 SC;
- The right to see your personal record and to ask that it be changed;
- The right to an alternative accessible format, including cognitively accessible formats, and/or reasonable accommodations when seeking assistance from the Service Coordination Agency. (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.

Right to File a Grievance – Timely Access to Formal Hearings

- The right to file a grievance about any service, including eligibility determinations for Medicaid Waiver services or state-funded programs, or get a hearing in accordance with procedures set forth under 55 Pa. Code, Chapter 275 (relating to appeal and fair hearing);
- The right to timely access to a formal administrative hearing as required by Medicaid rules.
- The right of not having to file a complaint within the Office of Long-Term Living before filing a grievance.

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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 (SCs) and direct care workers, providers, and others with respect and dignity;**
- **To not engage in behavior that puts you or others at risk – <u>if you put your health and safety or the health and safety of others at risk, you may lose your services</u>;**
- **To give accurate and timely information to your SC 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;**
- <u>To adhere to program requirements - failure to do so may result in loss of services;</u>
- **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 documentation of eligibility-related items, when asked as a condition of getting or continuing to get services;**
- **The legal responsibility, under penalty of law, to be truthful, accurate, and complete when giving information needed for eligibility determination, as attested to on the relevant program forms;**
- **To allow all on-site monitoring visits by the SC;**
- **To submit accurate time sheets and to report potential fraud and abuse;**
- **To have an individual back-up plan for times when your direct care worker is not available.**

For Financial Eligibility Determination, Your Responsibilities as a Participant include:

- **To tell the County Assistance Office (CAO) and your SC of any private health insurance 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.);**
- **To tell the CAO when there are changes in your medical costs. (For example, these changes might include when your condition changes, your doctor no longer feels it is necessary to purchase drugs or when there is no longer a need to pay for therapy because private insurance has begun to pay for it.);**

Your Responsibilities As A Participant (continued)

- To tell the CAO 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 CAO changes in finances, which may affect your eligibility or the amount of benefits or services you receive. Check with your local CAO 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 CAO 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.);
- To report to your SC and the CAO a change in address, contact information, and any other pertinent information that may affect eligibility or service delivery.

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OFFICE OF LONG TERM LIVING

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 or to enter a nursing facility.
- If you decide to get services in your home, you will work with your service coordinator (SC) to make decisions about who will give those services to you.
- You may choose your provider from a list of agencies that are qualified to provide your services.
- You may also choose to "self direct" your services. If you decide to self direct, you are the employer of your direct care workers and are responsible to hire, train, and supervise your own workers.
- Your SC 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 (SC) Suggests?

- No, you do not have to use a provider that your SC 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 are responsible for hiring, training, and supervising the direct care worker 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.

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

- You should first contact your SC to share your concerns.
- If you are not satisfied after talking to your SC, 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.

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OFFICE OF LONG TERM LIVING

Applying for Home and Community-Based Services Programs

Pennsylvania's Office of Long-Term Living (OLTL) 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 PA Independent Enrollment Broker (IEB) provides application services for adults with physical disabilities applying for Attendant Care, COMMCARE, Independence, OBRA, and the Act 150 Attendant Care Program.

Area Agencies on Aging (AAA) provide application services for people over age 60 applying for the Aging Waiver.

PROCESS

There is a step-by-step process to help OLTL decide if someone is to get services from one of these programs. The process can take as long as 90 days, from start to finish.

As you or your family member move through the process, please remember that the PA IEB and/or your local AAA 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 five separate steps in the process:

1. The IEB or AAA meets with you in your home (and family members if you wish them to be present) and completes a needs assessment.
2. Your personal physician completes a physician certification form.
3. Your local AAA visits you in your home and completes a level of care assessment.
4. OLTL approves or denies your application.
5. The County Assistance Office (CAO) completes the financial eligibility determination.

If you have questions about the home and community-based services application process, please contact the IEB or your local AAA. The application process begins with a telephone call to the PA IEB at 1-877-550-4227 if you are under age 60.

If you are over age 60, contact the Link to Aging and Disability Resources at 1-866-286-3636 or your local AAA listed at:
http://www.portal.state.pa.us/portal/server.pt?open=514&objID=616424&mode=2

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OFFICE OF LONG TERM LIVING

The Role of the Service Coordinator

The service coordinator (SC) 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 Agency 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 SC, 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 Definition
The SC works with you to identify, coordinate, and access all necessary services.

SCs 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, and desired outcomes.

Service Plan Development: Work with you to design a service plan that makes it possible for you to meet your goals.

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

What you can expect after being determined eligible for services:

- The Independent Enrollment Broker or Area Agency on Aging must offer you a choice of which agency you want to provide your service coordination.

- After you have chosen a service coordination agency, your SC will work with you to develop a service plan to identify what you need and discuss with you the best ways to meet your identified needs.

The Role of the Service Coordinator (continued)

- **In order to meet the needs identified on your service plan, your SC will provide you with choices of service providers and choices about how you want to get your services.**

- **Your SC must offer you a choice of which provider agency you want to provide your services.**

- **You can expect your SC to check in with you 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. Two of these contacts must be face to face.**

- **You may change your service coordination agency and/or your service providers at any time. You have a choice of service coordination agencies and a choice of service providers.**

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OFFICE OF LONG TERM LIVING

Participant Complaints

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

Your service coordinator (SC) is responsible for coordinating the services you get in the community and must have a system 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 SC.

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 (OLTL) is also available to help you when you are unable to solve your problems through your SC and/or provider or when your concern relates to your SC. 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 OLTL 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
Quality Management Unit
555 Walnut Street, 6th Floor
Harrisburg, PA 17101-1919

Fax: 717-346-4142

After your complaint is received, OLTL 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 1-866-286-3636. 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.

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OFFICE OF LONG TERM LIVING

How Can I Find Other Resources In My Community?

Many local agencies can help you with housing, transportation, employment, legal problems, utilities, mental health, and other critical services and benefits that can make it possible for you to continue to live independently.

However, it can be hard to find the programs you need. In Pennsylvania, you can get information on ALL of your needs at Link agencies. These local agencies know about the services available in their counties. By contacting one of them, you can link up to all of the services you may need!

It is best to reach your local Link through your local Area Agency on Aging (AAA) or your local Center for Independent Living (CIL). However, if you do not have that information, you may call the PA Link to Aging and Disability Resource Center toll free number at 1-866-286-3636.

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

Just look for this logo and you'll know you're at the right place!

Link™
To Aging and Disability Resources

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OFFICE OF LONG TERM LIVING

Medicaid (MA) Fraud and Abuse

What Is Medicaid Fraud and Abuse?

Pennsylvania Law defines Medicaid Fraud and Abuse as "billing for services that are inconsistent with MA 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 that Have to Do With Me?

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

How do I Spot & Report Fraud?

- **Participant Directed – If you are using participant direction, 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 MA 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.**
- **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.**

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Medicaid (MA) Fraud and Abuse (continued)

Four Tips for Fighting MA Fraud and Abuse

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

What do I do if I Suspect MA 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've contacted the provider and you suspect that Medicaid is being charged for a service or supply you didn't get:
  - First, report your suspicions to your SC
  - Contact the Department of Human Services (formerly the Department of Public Welfare) Bureau of Program Integrity's MA Fraud and Abuse Hotline at 1-866-DPW-TIPS (1-866-379-8477)
  - Contact OLTL's Participant Helpline at 1-800-757-5042
- The Pennsylvania Senior Medicare Patrol (PA-SMP) 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 they report suspected fraud or abuse.

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OFFICE OF LONG TERM LIVING

Who Do I Contact If…

I have a complaint about my services?

- You should first contact your service coordinator (SC) to share your concerns.
- If you are not satisfied after talking to your SC, 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'm getting?

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

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

- Call the 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 SC.
- If you have hired your own direct care worker through the consumer-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, you have the option of firing the worker and hiring a different worker.

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

- Contact your SC.

I'm being bullied or intimidated by my direct care worker.

- Contact your SC.
- If the situation is not resolved, contact OLTL Participant Helpline at 1-800-757-5042.

I'm being abused by my direct care worker?

- If you are over the age of 60, call the Elder Abuse hotline at 1-800-490-8505.
- Contact your SC.
- Contact OLTL Participant Helpline at 1-800-757-5042.
- In extreme circumstances call 911.

I'm being told I'm not eligible for services?

- Contact OLTL Participant Helpline at 1-800-757-5042.

Who Do I Contact If... (continued)

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

- **Contact OLTL Participant Helpline at 1-800-757-5042.**

I don't know what services are available to me?

- **Contact your SC.**

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

- **Contact OLTL Participant Helpline at 1-800-757-5042.**