

MI Choice Waiver Participant Handbook



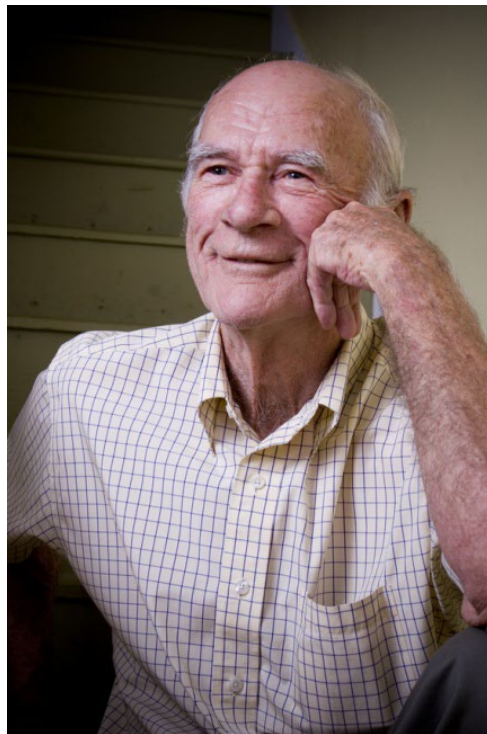
Michigan Department of
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MI Choice Waiver Participant Handbook

This handbook is about your rights and responsibilities when you choose the MI Choice Waiver program. Please read this booklet and keep it. It has helpful things that you need to know as a MI Choice participant.

If you have any questions about what you read, contact your supports coordinator.



Note: Your supports coordinator must also provide you with the MDHHS Privacy Notice for Medicaid & Other Medical Assistance Programs in conjunction with this handbook. You may also view the Privacy Notice online at www.michigan.gov/hipaa.

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MI Choice Basics

The MI Choice program provides services and supports to people in their homes. Your home could be a house, apartment, condominium, adult foster care, or a home for the aged. MI Choice services are not available to people who live in a nursing home.

MI Choice serves adults aged 18 or older who need services like those provided in a nursing home. If you are younger than 65, you must have a disability. You also have to qualify for Medicaid.

When you enroll in MI Choice, you can get Medicaid services, plus MI Choice services. The services and supports available through the MI Choice program include:

- Adult Day Health (Adult Day Care)
- Chore Services
- Community Health Worker
- Community Living Supports
- Community Transportation (medical or non-medical)
- Counseling
- Environmental Accessibility Adaptations (Home Modifications)
- Fiscal Intermediary
- Goods and Services
- Home Delivered Meals
- Personal Emergency Response System
- Nursing Services (Preventative Nursing)
- Private Duty Nursing/Respiratory Care
- Respite
- Specialized Medical Equipment and Supplies
- Supports Coordination
- Training



There are 20 waiver agencies in Michigan that can enroll you in the MI Choice program. These waiver agencies can help you decide which MI Choice home and community-based services are right for you. They each have a contract with the Michigan Department of Health and Human Services.

What to Expect

Assessment

A nurse and a social worker will meet with you and friends or family you want to include. We call these professionals “supports coordinators” because they will help you get the services and support you need to stay at home. You will need to tell them how you do things like bathing, eating, and getting dressed every day. They will ask you about people who help you do these things. The supports coordinators will suggest other services and supports that may help you. You choose the supports and services you need in your home and can make your own suggestions.

Arranging Services

Once you choose the services you want to have in your home, the supports coordinators will make sure you start getting them. They will work with your friends and family who help you to make sure they keep helping you. MI Choice wants to make it easier for others to help you, not replace them.

If you live in a place that already has service providers like doctors, hairstylists, church, nail artists, physical therapists, or other types of providers that come to your home, you may choose to use these providers or get different providers to meet your needs and wishes. You do not have to use the providers already in place in the home where you live. You may change providers at any time.

After Services Are In Place

You and your supports coordinator decide how often they should call you to make sure you are doing well. Usually they call about once a month. They will also visit you at home a couple of times each year or as often as you want. They will make sure your services and supports are working for you. You should let them know about any problems you have or changes that you might need in your services. Remember, supports coordinators are there to help you stay at home.



Person-Centered Planning

Person-centered planning is a way of talking about and planning for your life. It focuses on what you *can* do, what you want your life to be like, and who you want involved. It builds on your strengths and honors your choices and preferences.

With person-centered planning, you choose who is invited to your planning meetings. You choose what services you want, who will deliver those services, and when and how to deliver them. Your supports coordinator will help you develop a plan that will allow you to stay at home and be a part of your community.



Self-Determination

Some people want to control more than what is included in their plan. They want to control their budget, arrange their services, and hire their aides. Self-determination is a way for people to have this level of control and responsibility for their services and supports.

You can ask your supports coordinator for more information about the self-determination option.

Know Your Rights

MI Choice participants have the right to:

- Always be treated with respect and dignity by people who are helping you.
- Be free from abuse, restraints, seclusion, and the misuse of your property.
- Choose where in the community you would like to receive your services and supports.
- Choose the services and supports included in your plan and help develop that plan.
- Have your cultural and religious choices respected and addressed.
- Involve anyone in your service planning process.
- Receive a complete copy of your plan for services and supports.
- Understand the services and supports suggested in your plan and that you may refuse any of them.
- Talk about ideas you have to replace suggested services and supports that you do not want.
- Have your health, social and financial records kept confidential.
- Refuse to provide any information you do not wish to share. (Some information is required to make sure you qualify for the program. If you refuse to provide this information, you might not be able to be in the program.)
- Ask about or request copies of policies and procedures from your supports coordinator.
- Ask about costs, worker credentials, and how workers are supervised.
- Look at bills for your services, regardless of how those bills are paid.
- Contact your supports coordinator with questions or complaints.
- File a grievance when you are unhappy with your supports and services or your workers.
- Appeal adverse decisions made about the services you receive or your eligibility.



Your Responsibilities

MI Choice participants have the responsibility to:

- Choose the services and supports included in your plan, help develop that plan, and know and follow what is in that plan.
- Tell your supports coordinator about changes in what you need.
- Tell your supports coordinator about other services and supports you may have.
- Tell your supports coordinator about any other insurance you have.
- Know the information in this handbook.
- Ask questions or let us know when you do not understand something.
- Be available so that you can receive your services.
- Let us know as soon as possible when you will not be available to receive a service.
- Keep valuable things such as keepsakes, money, credit cards, jewelry, and guns or other weapons in a safe place.
- Tell your supports coordinator when you are concerned about your workers.
- Make sure your home is safe and non-threatening for people who are helping you. This includes:
 - Being respectful to workers who come into your home.
 - Not verbally or physically abusing the people trying to help you.
 - Not using profane or offensive language toward the people who are trying to help you.
 - Keeping pets outside or otherwise secure so that your worker can give you the services and supports you need.
 - Being a responsible gun or weapon owner. This means that all weapons will not pose a threat, intended or unintended, real or implied, to the people helping you.
 - Making sure there are no illegal or illicit activities happening in your home. Some of the people who come to your home will have to report these things to Adult Protective Services.

Informed Choice: Medicaid Funded Long-Term Care Options in Michigan

Michigan has many options for Medicaid eligible people who need long-term services and supports. These are included in the list below. If you would like more information about any of these options, please ask your supports coordinator. Also, it is important to tell your supports coordinator if you use any of these options now or in the future.

- Adult Foster Care
- Homes for the Aged
- Hospice
- Home Health (Medicare Skilled Home Care)
- *Nursing Home*
- *Home Help*
- *MI Choice*
- *Program of All-Inclusive Care for the Elderly (PACE)*
- *MI Health Link*
- *Habilitation Supports Waiver*

Please note: If you enroll in MI Choice, you cannot also use nursing home services, Home Help, PACE, MI Health Link, or Habilitation Supports Waiver services at the same time. You may only choose ONE of these at a time.

If you are 55 years of age or older and receive long-term care services, you may be subject to Estate Recovery. Contact your supports coordinator for more information.



Quality Assurance/Consumer Advisory Teams

The MI Choice program relies on the help and input of participants, family members, and advocates. There are workgroups at local waiver agencies and at the statewide level who meet throughout the year to discuss good things about the program and ways the program could improve. If you or someone you know wants to join one of these groups, let your supports coordinator know. Both groups are always looking for people who want to help discuss ways to improve the MI Choice program.

For more information in participating:

(Place local consumer advisory group information here.)

Statewide MI Choice Quality Management Collaborative

Quarterly meetings in Lansing

Contact your supports coordinator for more information

Or call 517-241-8474 or email mdhhs-michoice@michigan.gov

Abuse & Neglect

Everyone deserves to feel safe from harm and be treated with respect.

Every woman, man and child has the right to feel safe from physical, emotional, mental and verbal harm from those they live with, those who care for them and those who interact with them on a daily basis.

Am I Being Abused?

Please think about how you are being treated.

Is someone...

- embarrassing you or making fun of you in front of others?
- making you feel like you are unable to make a decision?
- using intimidation or threats to gain compliance?
- treating you roughly (pushing, grabbing, hitting, pinching, shoving etc.)?
- blaming you for how they feel or act?
- making you feel like there is no way out?
- preventing you from doing things you want to do, like spending time with friends and family?
- limiting your use of the telephone?
- breaking assistive devices or denying health care?

Do You...

- sometimes feel scared about how another person will act?
- find yourself constantly making excuses for another's behavior?
- believe you can help the other person change only if you change something about yourself?
- try not to do or say anything you think might cause conflict?
- always do what the other person wishes instead of doing what you would like to do?

**If you answered yes to any of these, please talk to someone.
Without help, the abuse will continue.**

If you are in immediate danger, call 911!

To report abuse, call:

Statewide Centralized Intake for Abuse and Neglect 1-(855)-444-3911

- Anonymous
- Toll Free
- 24 Hours/7 Days
- Emotional Support
- Information & Referral
- Adult Protective Services Reporting

Your supports coordinators are mandated by the state to report abuse, neglect & exploitation.

This means they must tell Adult Protective Services or another agency when they think someone might be hurting you, not taking care of you as planned, or taking advantage of you.

For more information, call your supports coordinator. You can also contact these organizations:

National Center for Elder Abuse (NCEA) – www.ncea.aoa.gov or
1-855-500-3537 (ELDR)

Ageless Alliance – <http://www.agelessalliance.org> or 1-844-992-4353

To Report Fraud:

Report Medicaid fraud to the Office of Inspector General, Michigan Department of Health and Human Services by calling (855) 643-7283, online at

www.michigan.gov/fraud, or in writing to:

Office of Inspector General
PO Box 30062
Lansing, MI 48909

Emergency Preparedness:

Be prepared and avoid life-threatening situations!

GET A KIT OF EMERGENCY SUPPLIES

Be prepared to use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about fresh water, food and clean air.

Recommended Supplies to Include in a Basic Kit:

- **Water:** one gallon per person per day for drinking and sanitation
- **Non-perishable food:** at least a 3-day supply
- **Flashlight and extra batteries**
- **First Aid kit**
- **Whistle** to signal for help
- **Filter mask** or cotton t-shirt, to help filter the air
- **Moist towelettes, garbage bags and plastic ties** for personal sanitation
- **Wrench or pliers** to turn off utilities
- Battery-powered or hand crank **radio** and a NOAA Weather Radio with tone alert and **extra batteries**
- **Manual can opener** if kit contains canned food
- **Plastic sheeting and duct tape** to shelter -in-place
- **Important family documents**
- **Items for unique family needs**, such as daily prescription medication or pet food

Include Medications and Medical Supplies: If you take medicine, make sure you have enough to last you for at least a week. This includes medical treatments too. Keep a copy of your prescriptions and dosage or treatment information with you.

Include Emergency Documents: Make copies of important papers and put them in your emergency kit. Include family, medical, and tax records and wills, deeds, social security numbers, charge and bank account information.

Additional Items: If you use eyeglass, hearing aids and hearing aid batteries, wheelchair batteries or oxygen, be sure you always have extras in your kit. Also, have copies of your medical insurance, Medicare, and Medicaid cards readily available.

For more information, call your supports coordinator, visit ready.gov or call 1-800-BE-READY

Advance Directives

Advance Directives are legal documents. They are a way for you to tell your family, friends, and health care providers about your wishes for end-of-life care. There are two types of advance directives.

Durable Power of Attorney for Health Care (DPOA-HC) - This legal document names another person to make health decisions for you when you are not able. This is called a “health care proxy”. The proxy should be someone who will follow your wishes.

Do-Not-Resuscitate (DNR) Declaration – This legal document lets others know that you do not want anyone to try to revive you if you stop breathing or if your heart stops.

A “living will” is not a legally binding Advance Directive in Michigan. However, a living will is sometimes used with a valid Durable Power of Attorney for Health Care to help the Patient Advocate named in the DPOA-HC to understand your wishes.

You need to tell your supports coordinator if you have an Advance Directive. The waiver agency will keep a copy in your record. You and your DPOA should also keep a copy at home in a safe place. If you have any questions about Advance Directives or if you need help finding an Advance Directive form, please call your supports coordinator.



Grievances and Appeals

Grievances:

When you are unhappy with your services, you may file a **grievance**. Grievances are complaints about things like how you are treated or how your worker does their job. The waiver agency must tell you how to file a grievance and can help you fill out forms. The waiver agency will let you know they received your grievance and will work with you to resolve your complaint. The waiver agency has 90 days to resolve your complaint.

Appeals:

You can appeal any decision about your services and supports that your waiver agency makes. This includes denying a service that you asked for and reducing, suspending or terminating services that you already have. When the waiver agency makes these decisions, they must send you a letter called an **adverse benefit determination**. This letter contains information about the changes in your services and your rights. When you do not agree with the changes or the decision made, you can ask for an **appeal**.

It is important that you ask for an appeal within 60 days from the date of the adverse benefit determination letter. You can ask for an appeal orally or in writing. The letter will explain this process to you. Your provider or authorized representative may also file an appeal on your behalf. If someone is filing an appeal for you, you must give him or her written consent to do this. If you do not provide this consent, the waiver agency will deny the appeal request.

If you would like your services to continue without any changes when you ask for an appeal, you must ask for the appeal before the effective date of the action (usually 10 days after the date on the letter). When you do this, your services will not change until after a decision is made about your appeal.

The waiver agency must make a decision and send you a letter telling you about it within 30 days from the day you ask for an appeal. The letter they send is called the **Notice of Internal Appeal Decision**.

You can request a fast appeal if you feel the changes to your services will harm you. If a fast appeal is granted, the waiver agency must make a decision and send you the Notice of Internal Appeal Decision within 72 hours. In cases where taking longer than 72 hours may benefit you, the waiver agency may ask for a longer time to make their decision.

(Place Waiver Agency specific information about their Grievance and Appeal system here.)

State Fair Hearings:

There are two situations where you may ask for a State Fair Hearing.

- 1) You receive an Notice of Internal Appeal Decision that is not in your favor

The waiver agency will send you information about how to ask for a hearing with your Notice of Internal Appeal Decision. If you do not ask for a State Fair Hearing, your services will change as planned.

You can ask for a State Fair Hearing for up to 120 days from the date of the Notice of Internal Appeal Decision. You can only keep your services if you ask for the hearing within 10 days of the Notice of Internal Appeal Decision **AND** ask to keep your services. If you do not ask for a State Fair Hearing within 10 days or if you do not ask for your services to continue, the waiver agency will make the changes as planned.

- 2) You asked for an appeal, but the waiver agency did not make a decision within 30 days, or 45 days if an extension was granted.

For more information about State Fair Hearings, you may contact the Michigan Administrative Hearing System at **1 (877) 833 – 0870**.

Notice of Compliance with Title II of the Americans with Disabilities Act (ADA)

The Michigan Department of Health and Human Services does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities.

Questions, concerns, complaints, or requests for additional information regarding the ADA may be directed to your supports coordinator.

The U.S. Department of Justice also provides information about the ADA at <http://www.ada.gov/> or through a toll-free ADA Information Line at 1-800-514-0301 (voice) or 1-800-514-0383 (TTY).



Acknowledgement

I have received the MI Choice Participant Handbook. I have been informed of my rights and responsibilities as a participant in the program. I know about information on Abuse & Neglect, Grievances & Appeals, Advanced Directives, and Self Determination. I also know about my Privacy Rights. I understand that I should keep this handbook for future reference. I can ask for another copy of the handbook at any time.

Signature

Date

Print Full Name

Witness Waiver Agency Staff

Date

Print Full Name